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Practice of Medicine.

THE SERUM TREATMENT AND DIPHTHERIA.

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICH.

With feelings of perfect complacency the Homœopathist may look upon the recent advances in medical science, satisfied that the theory of similars has not suffered when challenged by modern scientific thought. It is, perhaps, a hackneyed subject, but the spirit moves to consider somewhat the treatment of diphtheria, having in mind the relation of the serum treatment to Homœopathy. Whether or not in this disease the use of antitoxine is homœopathic has been a question of debate for a decade. Probably it is not possible to answer this question with any expectation of general satisfaction. Until it is determined how the homœopathic remedy acts, and how, in diphtheria, antitoxine acts, it will be impossible to definitely determine whether or not these actions are identical.

The Rationale of the Serum Treatment.

Scientific investigators are divided into two schools of thought regarding the action of antitoxine. The predominant idea is that it acts in the blood stream, counteracting there the diphtherial toxine. The other school contends that the antitoxin acts directly upon the cell, stimulating it to resist the poison, or causing it to cast into the blood stream elements to combine with and neutralize the toxine. Could it be proven that the latter view is correct, we could properly hold that antitoxine is homœopathic to diphtheria, and that it acts exactly as does the homœopathic remedy in the treatment of any diseased condition. Much as we should rejoice if this view were proven correct, yet to be perfectly truthful, the preponderance of evidence apparently favors the other side. But, even so, there is nothing in the use of antitoxin in diphtheria which should prevent its administration, if useful in this disease, by the most loyal Homœopathist. If the antitoxin acts in the blood stream, there neutralizing the toxin and rendering it inert and harmless, the administration of antitoxin in this disease is exactly like the administration of an alkali to one who has swallowed a poisonous acid. It is a simple chemical proposition.

Ehrlich's hypothesis, with its present popularity, has made it necessary for us to revise our ideas, particularly with reference to infectious diseases. By the terms of this theory it is assumed that the cell body has upon it a number of side chains—receptors as they are termed. These are capable of combining with food products for the nourishment of the cell, but may combine with toxic substance to the damage of the cell. If, for any reason, the cell is excited to over-activity, an excess of receptors is put out by the cell, the surplus being thrown into the blood stream. Now, then, should any infection take place, that is, should any toxic substance, the result of germ life or from any other origin, be introduced into the system, these receptors, if they possess the right chemical properties, will unite with the toxic substance and thus render it innocuous. If disease be the result of such toxic substance acting upon the cell, causing a disturbance of its function or its death, then a remedy to be curative must have such an action as will cause the cell to produce an abundance of receptors which, combining with the toxic substance will protect the cell against the invasion of that poison. In the light of present knowledge, such may be the action of the homœopathic remedy. This being admitted, as a general therapeutic proposition, yet, if a poisonous dose of some acid be taken into the stomach, and, under our practice, we are permitted to neutralize that acid in the stomach before it is carried to the remote cells which will be destroyed by its dynamic action, so, with the same chemical idea in mind, in diphtheria, we may neutralize in the blood stream, the toxic substance which will destroy the cell if permitted to engage it. For this reason, then, if it be proven that antitoxin does what is claimed for it, it is not only our privilege but likewise our duty to employ it.

The Claims of Antitoxin.

Before accepting as true the claims put forth in behalf of antitoxin, it is well for us to investigate its real or alleged merits. It is not sufficient proof of its value simply to show by statistics that diphtheria is less prevalent or less fatal, than before antitoxin was used. Advanced medical thought and practice are expected to diminish disease and render it less serious. The natural progress of medical science, to say nothing of the fluctuating seriousness of all epidemic diseases, must necessarily throw a shadow of doubt over the real value of any statistics. However, the statistics presented, showing the mortality in New York before and after the introduction of antitoxin, indicate a very remarkable decrease in the mortality rate. In Paris, in Berlin, in Vienna, and indeed in every city where reliable statistics are kept, there can be no doubt that the mortality rate is less, and the rapidity of recovery from diphtheria much enhanced by the use of antitoxin.

A thing about these statistics which is most interesting, is this: It seems demonstrated that the early use of antitoxin in the disease has an indisputable effect in neutralizing the toxin, and sparing the patient the further development of the disease. Take, for instance, the table showing the percentage mortality in the Brooklyn Hospital from 1897 to 1902. If these statistics may be depended upon, when the antitoxin was administered on the first day of the disease, there was absolutely no mortality, while if administered on the second day, the mortality rate averaged less than five per cent.; on the third day it averaged about eleven per cent.; on the fourth day eighteen per cent.; on the fifth day and after, it averaged more than twenty per cent. These statistics are paralleled by those put forth by other institutions and seem to be beyond criticism. If given early, therefore, we must conclude that antitoxin is of positive value.

In all probability in the terms of Ehrlich's hypothesis, there are three stages of attack, if we may put it that way, through which the toxine passes from the blood stream to the side chains of the cell, and then to the cell itself. The first day of the disease, possibly the first two days of the disease, the toxin is largely in the blood stream. While it is there the introduction of the antitoxin results in such a chemical union as to render the toxins innocuous and harmless. A day or two later, when the side chains are involved, the antitoxin may or may not be useful, and later still, when the cell itself it attacked, the antitoxin is of very doubtful value, probably useless.

The Place of Antitoxin in Therapeutics.

The conclusion of the whole matter, if our reasoning be correct, is that early in the disease, before tissue changes, or more than local symptoms, are discoverable, antitoxin is of the greatest value, having more cures to its credit, probably, than any other possible remedy. But when the cell itself succumbs to the attack of the toxin and its metabolism suffers, the real disease presents itself and demands treatment. Here it is that antitoxin is impotent and the strength of Homœopathy becomes manifest.

The Homœopathic Remedy in Diphtheria.

To be useful in this subtle disease, remedies must be deeply acting ones, remedies which perform their mission quickly. It excites no surprise, therefore, to find that of all the remedies recommended for the relief of the symptoms of general poisoning, called diphtheria, everyone answers this description. It is interesting to observe, too, that most of these remedies may be classed under three heads: 1. Poisonous proteids, including the Snake Poisons, such as Lachesis, Crotalus and Naja; 2. Mineral Acids, including Nitric, Muriatic and Arsenious (Arsenicum album) acids; 3. Organic Acids, including Carbolic (really an alcohol) and Lactic Acids. There are two other useful remedies: Mercurius cyanatus and Phytolacca. The first of these owes its usefulness, probably, to its hydrocyanic acid; the second, to its phytolaccic, or oxalic acid. These two additional remedies, then, may properly be classified with the Organic Acids. Likewise, the salts, Kali bichromicum and Kali muriaticum, frequently prescribed in diphtheria, may be classed with the Mineral Acids.

Thus, at a glance, it is seen that the most profoundly acting in our whole Materia Medica are the remedies useful in diphtheria. But in these remedies the Homœopathist has for his patient a means of cure denied the practitioner of the dominant school after the first half week of treatment. There is no occasion for reviewing the symptoms calling for these remedies and differentiating each from all the rest. This were a work a supererogation. Suffice it to say, that with the rational use of antitoxin, for its chemical effect, and the properly chosen remedy, for its dynamic effect, the Homœopathist has a double line of defense, rendering him impregnable against any assault, and easily twice as powerful in battle against the disease, diphtheria, than is the practitioner of the dominant school.

Homœopathy and General Science.

It is unwise for the members of our profession to treat lightly the discoveries of the laboratory. On the other hand, they should be carefully studied to discover, if may be, of what value they are to our system. So far as this writer has been able to ascertain, all the modern ideas in chemical and physical science, in all the branches collateral to medicine, are confirmatory of the claims we have made for more than a century. If, then, the use of antitoxin in diphtheria is an example of homœopathic practice, certainly it is our privilege to employ it. On the contrary, if its use is simply that of a neutralizing agent, our right to participate in all the benefits of general science makes legitimate the employment of this discovery of the chemist. "All that pertains to the great field of medical learning is ours by tradition, by inheritance, by right." But above and beyond all this, at a stage when the non-Homœopathist is baffled, we have a means of cure which, more than once, from about the form of some loved child, has torn the bony arms of the leering and grinning Death Angel, and robbed him of what seemed certain victory! For this, many a father and mother owes Samuel Hahnemann an everlasting debt of gratitude!

MECHANICAL THERAPEUTICS.*

BY W. J. BLACKBURN, M. D., DAYTON, OHIO.

Perhaps at no time since the advent of sin into the world making it necessary for drugs and doctors, has there been such an effort to secure means and methods to relieve human suffering as at the present. Each number of the various medical Journals puts forth some new method, remedy or appliance for the relief or cure of some malady heretofore supposed to be incurable. The voluminous newspapers, especially the spectacular Sunday issues, seem to have a special mission to perform in the exploitation of "most wonderful discoveries" which will restore even to old age and infirmity the vigor of youth and make life one continuous happy dream

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*Read before Miami Valley Homœopathic Medical Society, Dayton, O., October 27, 1904.

We do not mean to say that there is no good in the remedies spoken of by the various medical journals, nor that it is not possible for even the newspapers to say valuable things in matters medical; the one great mistake made by those who become enthusiasts on any special method or appliance is the fact that they put it forward as a specific for all ills. The promotor grows over-enthusiastic until some day he runs against a case that is as unyielding as Gibraltar, then he suddenly wakes up to the fact that as yet there are no specifics, but that each case must be treated according to its special indications.

I believe the homœopathic system of medicine comes nearer reaching the category of diseases than any other. But there are many things which it will not reach and for which it is not indicated. Extravagant claims and the fact that it is so often used when not indicated has a tendency to bring the system into disrepute. There is good in all systems, even down to Christian science, and the sooner we learn to give credit to the good in any system the better will it be for all concerned. Speed the day when the curriculum of all medical colleges will give at least a general knowledge of all systems and therapies that have been proven to possess even some merit. Then will we have broader-minded physicians with less tendency to stab one another in the back because the other fellow has cast his lot with a different school from us. Study other systems than your own for the good you may get from them rather than to criticise and condemn.

It is not my purpose in this paper to suggest specifics or recite any remarkable cures or refer to any "grand stand" cases, but rather to call attention when indicated, and to relate a few cases to illustrate the truth of my claims; minor cases some of them, but after all it is the minor cases that are often the most profitable to the general practitioner. Many are anxious to become major surgeons, which is all well and good and necessary, but this is often done from a pecuniary standpoint, which in many cases proves disappointing. There are many neglected cases in the clientele of every physician, which, if treated by the proper mechanical means, woud bring much gratitude from relieved patients and would enrich your exchequer fully as much as the major cases.

Headaches.

Every physician has to treat headaches. This is one affection that the laity thinks you should be able to cure promptly no matter how inexperienced you are. A case of headache is often one of the first cases to apply to the new doctor. Your future success may depend largely upon how well you succeed in curing it. Most headaches are reflex. Ranney claims that sixty-five per cent. are due to errors of refraction. A patient who comes to you for treatment of recurrent headaches is not thoroughly examined until you have tested her visual refraction and the relative strength of the muscles of the eyes. A patient comes to you after a day's shopping or sight seeing, complaining of headache; she says this is the usual result after such a seance. You prescribe your favorite remedy; she gets temporary relief. But she notices that her headaches are becoming more frequent. You finally fail to give relief. She consults another doctor. He at once thinks of some error of refraction. Her eyes are tested, the error discovered and corrected with the proper lenses. No more headaches. You have lost a patient. Some other physician has gained one.

To the doctor who prescribes from symptomatic indications only the symptoms enumerated by the patient spoken of mean little else than to lead him to what he thinks the proper remedy. But the pathologist knows that the day's shopping means more constant use of the eyes, more acute focussing of the visual apparatus, which in turn causes eye strain, congestion, nervous and congestive headaches. In a condition like this it is unwise to prescribe a remedy which can only dull the sensibilities of an outraged nervous system and leave the condition no better than we found it.

Mrs. R., æt. 24, complained of recurrent headaches for eighteen months. She had been treated by drugs from various physicians, including myself, with unsatisfactory results. After so long a time I tumbled to the possibility of refractive error. A test showed my suspicions to be true. A pair of properly fitted glasses relieved the headaches in less than a week and no return of the trouble. This woman could have been spared much suffering had her eyes been tested months before.

The subject of headaches is an extensive one. There are many reflex causes. Many are due to some mechanical lesion of the nose, as osteoma, hypertrophied turbinates, post-nasal vegetations, etc., which can be relieved if treated by the proper mechanical measures. Other cases are due to uterine trouble or other reflex causes.

Mrs. H., æt. 30, has been troubled for a number of years with headache and scanty menstruation. Has been treated by a number of physicians in the past two or three years. In going the rounds I happened to be one of the consulted. Examination revealed an eroded cervix, some leucorrhœa and slight retroflexion. Patient apparently well nourished and otherwise healthy except nervous. I treated the cervix a short time with medicated tampons. The erosion promptly subsided, retroflexion improved. I then followed this treatment with electricity, consisting of the faradic current with bi-polar intrauterine electrode. Sixteen treatments restored the menstrual function to normal and relieved her other symptoms, and she is grateful for the improvement.

Constipation.

This is one of the most unsatisfactory troubles we have to treat if drugs alone are employed. In this condition mechanical therapeutics will serve us well. To illustrate:

Mr. M. had been troubled for years with constipation, hardly ever had a bowel movement without help from drugs. Had tried several allopathic physicians; concluded to try Homœopathy. I was very confident I could cure him with the properly selected remedy. I prescribed for him; no results. I studied the case more carefully and prescribed again. Results the same. Still more caerfully did I study the case, and again prescibed a two drachm vial of pellets medicated with what I was sure was the proper remedy, telling the patient that this remedy would surely cause him to rejoice. He returned with his bottle empty and his bowels full. I was embarrassed and mad. I made up my mind to cut loose from drugs and try mechanical therapeutics. I accordingly began the use of vibratory massage over small intestines first, then following the course of the colon. This was alternated with faradic electricity. Improvement soon began, and continued until the bowels were restored to their normal function.

In conclusion, I desire to relate a case which was to me a most interesting one so far as mechanical therapeutics is concerned. I will only give the case in a general way, not going into detail, as it would consume too much time. The case was treated in the sanitarium.

Mrs. L., æt. 54, of full habit and a good feeder; had always had all she wanted to eat and had let none of it go to waste. For years has had liver and heart trouble. During past three years has been under constant treatment by different physicians—seven in all—with the result that she gradually grew worse. Examination revealed a very large liver extending below umbilicus and across the median line. The surface was somewhat nodular, so much so that malignancy was suspected, as the patient was somewhat cachectic, though hardly enough to warrant this diagnosis. The heart was very rapid and irregular, breathing short and rapid, dyspnœa very great. Patient had to be constantly fanned. Urine somewhat scanty and contained albumen but no casts. Bowels constipated. Patient said she had not been upstairs at home for over a year. Slept at night with as many as eight pillows on the bed, so she could be propped up. Many nights had to sit up all night in chair in order to get her breath. Brought her bottle of heart tablets with her, which she said she could not do without. Patient had to be helped up and down stairs for treatment during first week she was in the sanitarium. We first used the galvanic current of electricity with positive pole over liver, patient standing as much as 400 ma. the first few treatments. After a few treatments this was alternated with the Morton wave current. In less than a week improvement began; patient could get up and down stairs herself, though with some difficulty. In less than two weeks she slept with one pillow under her head, something she had not done for two years. Heart much improved, especially after use of the Morton wave current. She had decided on entering to remain two weeks, and if no improvement to return home, for the reason that we cannot control the pashe decided to remain longer. Her treatment was varied according to what seemed best indicated. In addition to treatment mentioned she received the X-ray, hot electric baths, vibratory massage, etc. Special attention was given to diet, which was gradually reduced until she was on a diet of zweiback and skimmed milk. While on the last mentioned diet her improvement was most marked. Internal remedies were Lachesis, Arsenicum, Phosphorus, Chionanthus, Elaterium, Chelidonium, China. Patient was able to go home alone in three months, and attended her county fair for five days in succession; began doing house work and becoming busy in general. She is still under treatment, coming twice a week on traction car, a distance of twenty miles. Her improvement still continues, and everything points to her restoration to health. I neglected to say that the albumen disappeared from the urine long ago, and the heart stimulant was discontinued a short time after she entered the sanitarium.

I do not desire to make the claim that mechanical therapeutics alone is responsible for the results obtained in the last mentioned case. I do not believe the same results could have been secured in the home for the reason that we cannot control the patient's diet and habits of living to the degree that we can in a sanitarium. I believe the diet had much to do with the results in this case. I believe the remedies played no small part. But to mechanical therapeutics systematically and regularly employed I desire to give the most of the credit. I think this can be claimed honestly, because relief came so soon after the patient began taking treatment and before the diet could be regulated and before remedies had time to do their work.

Her home physicians had told her there was no hope for her. This does not reflect on their ability, but was due to the fact that they had not the facilities for handling and controlling cases of this character, and perhaps also to the fact that they were not familiar with the results of mechanical measures. This case was to me convincing proof of the value of mechanical therapeutics coupled with diet and proper hygienic measures, and teaches us that when we have exhausted our category of remedies that many times much remains to be done for the relief and cure of the chronic invalid.

INTERESTING CASES FROM PERSONAL PRACTICE.*

CHAS. A. CHURCH, M. D., CHIEF OF STAFF OF ST. MARY'S HOSPITAL, PASSAIC, N. J.

I promised the Chairman of the Bureau of Surgery a paper on some interesting cases from personal practice. I see I am down for instructive cases from personal practice; I have an idea that what I have to present should be classed more as interesting than as instructive, for the reason that they are very unlikely to occur again in my practice or in the practice of any who will listen to me to-day. But interesting they certainly were to me and to those associated with me in the care of them. I trust they may interest you all.

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*Read before the New Jersey State Homœopathic Medical Society at Lakewood, N. J., October 25, 1904.

The first case I shall present is a cystoma of the lower jaw in a girl of 12 or 13 years of age. The history is, first a carious tooth, then pain and swelling, then a tumor on the lower margin of the jaw, gradually increasing in size and extending anteriorly to the anterior mental foramen, and posteriorly to the angle, and upward along the ramus to the articulation.

To the touch it gave the sensation of bony hardness, and its rather rapid growth, four to six months, caused the diagnosis to be made probably of sarcoma, although there was difference of opinion among the physicians who saw the case, owing to crackling upon pressure at one spot.

The patient was prepared for operation with the expectation that it might be necessary to remove the right half of the jaw and the ramus.

Upon cutting down upon the mass, just beneath where the lower margin of the jaw should be, the scalpel suddenly passed through the tissues and a watery fluid gushed out through the wound.

After the sack emptied the external bony walls were found to be about the thickness of stiff paper, and giving under pressure about the sensation of a stiff paper bag.

The sack was drained and soon closed up, the bone reforming, giving a good substantial jaw capable of doing full womanly duty; looking well, and we trust a joy (jaw-ey) forever.

The interest in this case centers in the probable origin of the tumor; its variety; the difficulty in making a diagnosis; the reformation of the destroyed bone, and the satisfactory results.

My second case is one of chylous ascites.

An Italian boy, about 16 or 17 years of age, had been in poor health for an uncertain time; under the care of several physicians without benefit; finally presented himself to one of my colleagues, and was sent to the hospital where I was asked to see him. A diagnosis of fluid in the abdomen had been made and some of it removed by a hypodermic syringe for examination.

Under the miscroscope it showed a large number of fat globules and not much else.

Paracentesis was decided upon, and fourteen pints of milky fluid removed, which proved to be chyle. After the abdomen was emptied of fluid there was discovered a tumor about the size of a small orange. The abdomen soon refilled, and an operation was decided upon; the tumor removed and the abdomen washed thoroughly with normal salt. An effort was made to find any opening in the chyle ducts; this, however, was unsuccessful.

The patient made a fair recovery from the operation, but the abdomen slowly refilled.

A consultation was held, and the patient again tapped, the fluid removed containing considerable blood but not much fat or chyle. A few days after this the patient died, but a post mortem could not be obtained.

So the only interest in this case is in its rarity. Only a very few authorities mention chylous ascites at all, and those who do give it a passing notice only.

My next case is one of intestinal obstruction from constriction by Mickle's diverticulum.

Deaver says: Mickle's diverticulum is the remains of the vitello intestinal duct, springing from the lower part of the ileum, from one to three feet from its termination at the cæcum. It is usually a cord, but may extend to the umbilicus as a duct, and has been known to give rise to fæcal fistula.

When it extends to the umbilicus or becomes adherent to the peritoneum, it forms a band behind which a loop of intestine may become strangulated.

In the case I wish to report it extended from the ileum to the peritoneum, and was attached just below the umbilicus, was a duct club shaped, the larger portion being about three inches long and three-fourths of an inch in diameter, attached at the upper end, while the portion connecting this with the intestine was about two inches long and three-eighths of an inch in diameter. Its contents were those of the ileum, of which it seemed a part.

Around this the intestines were twisted in such a manner as to form a complete strangulation.

The case was one of difficult, and, I think, of impossible early diagnosis. Indeed, from the history given me by the attending physician I doubt if a complete obstruction existed until within a very short time previous to operation. There was a long history of constipation, imperfect intestinal action, occasional vomiting but never stercoraceous but once, and that only within forty-eight hours of operation; but she had steadily lost strength, and her vital forces very low, much more so than appeared.

She was taken to the hospital as soon as possible, and the abdomen opened in the median line, when the intestines were found wound around and folded under the attached diverticulum, completely occluding them.

The diverticulum was loosened from the abdominal wall and amputated a short distance from the ileum. Elsewhere the intestines seemed to be perfectly free, so the abdomen was closed in the usual manner. The patient, however, never rallied from the operation, even under the most powerful stimulants, and died in a few hours.

The interest in this case centers in its rarity; the impossibility of making a correct diagnosis previous to the celiotomy; the contrary character of symptoms, and absence of characteristic or clearly defined indications until the patient was so exhausted as to be unable to react from the operation. Forty-eight hours before the operation she took an active cathartic upon the suggestion of the family, and twelve hours later repeated the dose with the consent of her physician, and it was only after this that she had stercoraceous vomiting.

My next case is a uterine-hernia, a prolapse of the intestine through the uterus and vagina.

About 9 o'cock one evening I was called by telephone by one of my colleagues in a neighboring borough. His message was, I want you right away. There was a train a few minutes later, and I said, meet at the depot, which he did.

During the carriage ride of two or three miles he told me this history. He had been called a short time before to see the patient, a young woman of about twenty, and was told that she had been to a nearby city for treatment, and had paid a midwife to produce an abortion upon her. She said that she put an instrument, made of iron with a wood handle, up into her and poked it around in her for about two minutes, and then took it away. In a little while she began to have pain, and something came away from her, which she did not see, but was told she was all right, and sent home. After she had been home a while she began to have pains again, and the doctor was sent for.

Upon examination he found something protruding from the uterus, which, from the sense of touch, he supposed to be an umbilical cord; he drew carefully upon it; it came easily until he could see it, when he discovered that it was intestine. He first tried to replace it but found it impossible; he then packed the vagina to keep it in and telephoned for me.

When I arrived I found upon removing the vaginal packing between two and three feet of intestine protruding from the uterus. It was dirty and torn from the mesentery; the mouths of nutrient vessels that had been broken off in the detachment were gaping but not bleeding.

She was taken to the hospital; a laparotomy made, and three and a half feet of intestine removed, and the severed ends united by a Murphy button. The mesentery was stitched where the gut had been torn away; the abdomen closed.

In thirty days the Murphy button came away with the stool, what was left of it. Much of it had rusted away, so it could never be used again. But the girl made a good recovery, and was able to go to court and testify against the midwife, who, however, got clear on the ground that it had not been proved that the girl was ever pregnant; therefore, the indictment for producing an abortion could not hold.

When you consider chances there was every reason to expect that the girl would die, and every reason to expect that the case of strangulation from Mickle's diverticulum would recover; but the results were the opposite.

One more short report, with a lesson, is a case of diabetic gangrene of the toe in a man 63 years of age, with amputation at the middle third of the thigh, and recovery.

It did seem a shame to amputate almost the entire leg because of disease and death of one toe, but it is the only case of recovery from a similar condition at such an advanced age that has come under my personal observation. The practice has usually been to amputate the toe or foot, then, as the stump becomes gangrenous, the leg, thus, possibly, at the thigh, followed by exhaustion and death of the patient.

Now here is the lesson, if you do anything do radical work.

If an operation is made at all, and it always should be, get just as far from the manifestation of the disease as you possibly can. This, I believe, is the only hope of a favorable outcome in any such case, particularly in an elderly person.

My patient is now practicing walking with a crutch and a cane, and wearing appliances in preparation for an artificial leg, which he hopes soon to be able to wear. He fell down stairs a few days ago, but is up and at it again, full of life and hope, and with big anticipations and plans for the future.

DILATATION OF THE HEART.*

BY F. C. ASKENSTEDT, LOUISVILLE, KY.

The early recognition and treatment of dilatation of the heart—the first sign of heart failure—has hardly received from the average practitioner the consideration it merits. Too often are we content with the inference that a rapid pulse means a weak heart without making an intelligent investigation as to the nature and cause of this particular heart weakness.

Closer attention to physical diagnosis during the past eight years, and a routine examination of the chests of the majority of the chronic patients that have come under my treatment in hospital or private practice, have convinced me that heart disease is of much more frequent occurrence than is oftentimes supposed.

A fairly large number of unsuspected cases have been found with valvular troubles and dilatation of the heart, quite well compensated for by muscular hypertrophy, while I can safely say that more than one-half of the total number of elderly persons examined show evidence of cardiac dilatation with failing compensation. Last mortality report for the city of Louisville shows a totality of 4,092 deaths in one year, 334 of which, or about 12 per cent., are directly ascribed to heart disease. Could an estimate be given of those cases which have succumbed to pneumonia, typhoid fever, or other acute diseases, when a preceding heart affection became a determining cause of death, the actual percentage of death from chronic heart disease would be more than doubled. Since the heart is as amenable to treatment as any other organ with similar lesions, we should be alert to recognize as early as possible the advent and nature of every heart affection and in all chronic cases the intelligent co-operation of the patient should be sought by frank and definite advice.

Dilatation of the heart is a result of either increased arterial pressure or weakened muscular walls of the heart, or of both. It is generally known to occur from valvular disease of the heart, from pericardial adhesions, in arterio-sclerosis, in chronic Bright's disease, after severe muscular strain, from pregnancy, in ophthalmic goitre, in diseases of the lungs, in all infectious diseases, from excessive use of alcoholic beverages, notably beer, from tobacco, coffee and tea. It has also been known to result from tumors and parasites in the heart muscle, from mechanical irritation of the pneumogastric nerve, such as pressure upon it by enlarged lymphatic glands or tumors or sclerotic changes in the medulla, from worry or mental overwork, from excessive venery or masturbation, from congenital contraction of the blood-vessels, and cases of acute dilatation from spasms of the aorta and its branches are also on record. In all cases where there is a demand for increased work upon the heart hypertrophy follows, which may so increase the power of contraction of a dilated heart as to approximately restore a normal circulation. Subsequent dilatations may take place a limited number of times, each attended by a less efficient attempt at compensatory hypertrophy, until nutrition fails. Those cases in which the hypertrophy of a ventricle is physiologically commensurate with its dilatation are designated eccentric hypertrophy, and will not be considered in this paper.

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*Read before the Southern Homœopathic Medical Association, October 25, 1904.

One of the earliest symptoms of dilatation of the heart is a rapid, sometimes irregular, pulse, or recurring attacks of palpitation, but a slow pulse rate does not necessarily exclude the presence of dilatation. Significant is a pulse rate that is easily raised on moderate exercise and continues high for some time after return to rest. With a rapid pulse there is usually a shortness of breath upon exertion, often amounting to dyspnœa, and fatigue or exhaustion is easily induced. A low arterial tension is always present. The amount of arterial tension can usually be roughly estimated by the amount of compression found to be required to obliterate the pulsation in the radial artery. This is accomplished by applying to the artery three fingers of one hand; one to exert the compression, the next to notice the pulsations, and the third to prevent any possible reversed pulsations from the distal side of the artery reaching the middle sensitive finger. In consequence of the low tension the urine is scant, highly colored, and shows a heavy deposit of urates. A mild albuminuria is not uncommon, and hyaline casts and leucocytes may be found in the sediment. In advanced cases the lower extremities become œdematous, the countenance is distressed and cyanosed, the skin cold, and diarrhœa and hæmoptysis may appear. In acute dilatation this complex of symptoms may be present almost from the start. Little credit is due that physician who waits for such formidable symptoms as these before recognizing his case. Physical examination of the heart will usually reveal the earliest manifestations. But in the examination of the heart it should be borne in mind that dilatation may take place in either ventricle, producing different symptoms, though usually both ventricles are affected.

The location and character of the apex beat is one of the most important points of observation in the diagnosis of heart disease. In dilatation of the left ventricle the apex beat will be found to the left of the normal position, diffused over an area of more than one inch in diameter, sometimes extending up into the second interspace or down into the sixth. On inspection the impulse appears feeble, fluttering, and, in some cases, wavy. The same feebleness of heart action is recognized on palpitation, and occasionally the apex beat, though visible, may not be palpable. Unless emphysema is present percussion will reveal an increased dullness to the left. It is important that the area of relative as well as absolute dullness be ascertained, as the latter is influenced by a retraction or an over-distension of the lung. On auscultation the first sound is found shorter and sharper, resembling the second sound, or in advanced cases, considerably weakened, and associated with a murmur from relative insufficiency. These typical symptoms may, however, be modified by associated hypertrophy.

To sum up, the cardinal signs of dilatation of left ventricle are: Low arterial tension; rapid pulse and dyspnœa; reduction in the quantity of urine; dislocation of the apex beat to the left, with a feeble, diffuse impulse; increased percussion dullness to the left, and weakened heart sounds.

Dilatation of the right ventricle may be secondary to dilatation of the left, but occurs also independently in cases of pulmonary disease. The apex impulse is seen nearer the ensiform cartilage and may extend beneath it, to the left and to the right of the sternal border. Percussion elicits dullness to the right of the sternum beyond the normal one-half inch in the fourth interspace. In pronounced cases a systolic murmur is heard at the base of the sternum, venous pulsation occurs in the neck, and œdema of the lungs, anasarca and other symptoms of general venous hyperæmia develop.

In the treatment of dilatation we aim, first, at the removal of the cause; second, at the establishment of compensatory hypertrophy. Complete recovery rarely takes place. It is well to bear in mind that the heart muscle is subject to the same conditions that govern growth and atrophy of muscular tissue elsewhere. Exercise adapted to the functional strength of the muscle leads to growth, not only a simple enlargement of individual muscle-fibres but also an increase in their number, while excessive activity increases waste above repair, and hence results in atrophy. If, therefore, we can relieve the heart of the excessive strain, reducing the demand for work upon it to a point just below its powers of endurance, a physiological condition is attained, in a measure, not only preventing excessive waste but tending to actual development of the heart muscle. This strain may often be reduced to physiological limits by simply keeping the patient at rest in bed. The necessity for rest is quite obvious in acute cases, but too often do we neglect to afford our chronic patients who have beginning failing compensation the advantages of enforced recumbency. depending, as we often do, upon some powerful heart stimulants to maintain circulation. As long as rest proves sufficient to induce an improved compensation better results are obtained by it than by the use of toxic stimulants. The rest during the first week should be absolute, the patient not being allowed to rise for any purpose. Cases with orthopnœa are made to assume as nearly horizontal position as is consistent with comfort. After the pulse rate is brought down to nearly normal, passive exercise may be prescribed, or the patient is permitted to sit up in bed for brief periods at a time, the pulse being carefully watched. As strength returns active exercise is added and systematically increased, stopping short of any cardiac overstrain, until satisfactory compensation is developed. Chronic valvular troubles with first or second rupture of compensation respond usually well to this line of treatment. Of course, in all acute inflammatory affections of the heart exercise is not conjoined before the subsidence of the inflammation.

The diet should be selected with care, avoiding those articles which are slow of digestion or tend to oppress the heart by formation of gas in the alimentary tract, the object during the period of rest being to maintain nutrition with as little demand for functional activity as possible. A dry diet is better than a liquid one, though, if the kidneys are active, milk may be administered liberally.

In extreme cases it will generally be found best to combine heart stimulants in physiological doses with rest. Digitalis, the king of heart tonics, in doses of from five drops of tincture up, is often used to great advantage in tiding the patient over a critical period or in affording temporary relief in hopeless cases. Its action is slow, however, and its cumulative and nauseating effects when given in continued large doses prohibit its use longer than four weeks at a time. Sometimes Digitalis intoxication, manifested by tumultuous action of the heart, violent headache, almost uninterrupted vomiting, and coldness of the extremities, demands immediate discontinuance. After the daily secretion of urine has reached two or three pints, Strophanthus or Sparteine will act as good substitutes. When the general muscular system is relaxed or the pulse is slow, Strychnia will prove the best stimulant, its action being more general than that of the preceding drugs. A remedy of good service is Caffeine, especially when the urine is scant and a quicker effect than that of Digitalis is desired. All these remedies have a powerful, contractive effect upon the arteries, increasing the arterial tension and augmenting the resistance to the circulation. To lessen this additional strain upon the enfeebled heart it is sometimes best to combine these stimulants with Nitroglycerine, whose action is peculiar, in that while it increases the functional activity of the heart yet lowers the arterial resistance by a marked dilatation of the peripheral blood-vessels. Nitroglycerine seems the ideal paliative in dilatation of the right ventricle accompanying pneumonia. Its action is speedy, but of short duration. Adonis vernalis, Convallaria, Ammonium carbonicum, Cactus, have each a sphere of usefulness, though less frequently employed.

Lastly, I wish to emphasize that in a disorder so dependent upon the nutrition of the part as is dilatation, much in every way can be achieved by the administration of the indicated homœopathic remedy, acting, as it does, specifically upon the metabolism of the individual cells, retarding their early degeneration and decay.

Arsenicum and Phosphorus are perhaps first to be considered when there is dilatation accompanying fatty degeneration. Arsenicum is to be preferred where we find the characteristic tendency to rapid tissue destruction, with the usual irritability, anguish and prostration. Phosphorus in persons with tendency to general tissue degeneration and low vitality from depressed nerve force, too feeble to cope unaided with the persistent energy.

Veratrum album will be found useful for the failing circulation of sudden exacerbation occurring in the course of acute disease, manifested by the collapsic phenomena characteristic of the drug.

Lilium tigrinum is most often suited to neurotic females who are suffering from uterine disorders, tormented by emotional excitation and general unrest of mind and body, with local sensation of the heart's being grasped in a vise.

Lycopodium presents almost a perfect picture of the heart complications of exophthalmic goitre, and in this sphere alone has achieved much in favor of suffering humanity.

Ferrum is most frequently indicated in heart dilatation attending anæmia, with the easily recognized flushings and digestive disorders. China also may be mentioned in this connection in the anæmia following sudden loss of fluid.

Cactus grandiflora should not be overlooked, and is often most valuable where there is a history of sharp, shooting pains in cardiac region, vertical headache and a sensation of the heart's being alternately squeezed and relaxed.

Rhus toxicodendron may be suggested by a sensation of weakness and tremor in the precordia, the pulse being rapid, small and compressible. Often indicated in rheumatic diathesis, endocarditis or for results of sudden overexertion.

Arnica is also especially useful for so-called heart-strain.

Where dilatation may be traced to congenital defects Lachesis is most often indicated.

Digitalis, homœopathically prescribed, has slow, irregular pulse, with sudden sensation as though the heart stood still. Thready, intermittent beat, with great anguish and coldness of surface and extremities.

So we might mention Arsenicum iodide, Aurum and numerous other remedies less frequently applicable to our cases, but selected upon the totality of the symptoms.

More and more thoroughly are we convinced that the heart is not only a much abused but a much neglected wheel in our vital machinery, and with an intelligent comprehension of its abilities, limitations and necessities, we, as physicians, and especially as Homœopathists, have before us a widening sphere of usefulness in the prevention of suffering and prolongation of life.

Historical.

HOMŒOPATHY IN BRAZIL.

BY DR. DIAZ DA CRUZ, RIO DE JANEIRO, BRAZIL.

Editor Medical Century.

According to my promise to furnish you all the data that would thoroughly instruct in regard to the state and progress of Homœopathy in Brazil, I have now the pleasure to send these lines and hope so to correspond to your expectation.

A country in which all the noble ideas are readily accepted is undoubtedly a very suitable field for promoting and pushing forward the practice of a system whose success only demands that it be put in comparison with any other that disputes the preference.

Officially, Homœopathy is making no progress here. The followers of the old school, instead of combating it by means of arguments or by the sphere of facts, affect to treat it with indifference and silent contempt.

The most astonishing cures they attribute to chance. Homœopathic physicians, they say, are either ignorant quacks or rascally impostors, who make money out of a gullible public.

Without knowledge of any medical works, except those that are used as text books of allopathic schools or refer to them, they have not the remotest idea of what Homœopathy really is; and when one speaks to them of any system of medicine besides that with which they are acquainted, they listen with a smile of conceited incredulity.

Thus, as I have said, officially Homœopathy is making no progress here; nor is there any school wherein it may be taught and wherein practitioners may acquire scientific notions and tread gradual series of studies in that branch.

But, at the same time, wonderful and even incredible as it may seem, in the midst of the conspiracy of silence against it, it is making rapid strides among the people. The closing of all official avenues to places of honor and profit has not checked its progress among the middle and lower classes.

So that, while officially taught phsyicians cling to old ideas and stolidly continue to prescribe absurd mixtures and syrups, the people, in constantly increasing numbers, reject allopathic pills and potions and resort to Homœopathy.

This, as you will readily understand, leads to the following important results:

1. The few persons who have been able to obtain a homœopathic education in a country like this, in which there are no homœopathic colleges and a very limited number of homœopathic compendiums, are besieged by patients and overwhelmed with work.

2. Allopathic physicians, coming out from the academy, are unable to making a living unless they obtain Government employment.

3. New Homœopathic drug stores are constantly being opened, so that those of specialists or classical adherents were brought by and by to join to their stocks a regular line of the most common homœopathic remedies.

4. Homœopathic prescriptions exceed those of the allopathists.

The foregoing is a brief statement of the progress of Homœopathy in Brazil.

The regenerating movement, commencing among the people, is extending upwards. Even those who publicly represent and patronize the old system, apply through their relatives to Homœopathy.

The present situation of allopathy reminds one of the transition from paganism to Christianity, when the augurs used to laugh among themselves at the information they furnished the public.

Allopathic dictatorship, although disposing of afficial assistance in the work of proselytism, is unable to check the progress of Homœopathy or even to keep pace with it.

Unaided and alone, Homœopathy is overcoming official opposition, and, having placed itself in an impregnable position, is rapidly winning universal favor and support.

In order to give you a more precise idea of the development of Homœopathy in Brazil, it must be remembered that in 1832 Dr. Gama Castro published articles in the "Journal de Commercio," a newspaper of large circulation in this country, showing the importance of the new school.

In 1837 a student of the medical faculty in Rio Emile John, selected the subject of Homœopathy for his thesis.

At that period Dr. Duque Estrada was already practicing medicine by the homœopathic system.

But it was after the arrival of Dr. Mure, 1840, that homœopathic science was established in Brazil on firm foundations.

A man of the rarest energy and most admirable dispositions, John Vincent Martins, joined that devoted physician and in a short time a dispensary was opened to the public in Rio, and a few years afterwards, October, 1844, a homœopathic school which, by law of Government of May 27, 1846, was authorized to grant certificates of studies to its practitioners.

The professors of that school were Drs. Jose Victorino, Luciano Pereira, Duarte Moreira, J. H. de Medeiros, Bento Mure, Luis A. Vieira Fugueiredo, Luis A. de Castro, J. V. Martins, Maximiano Marques de Carvalho, Chidloe, Alves de Moura and others.

At that time the practicing homœopathic physicians were: Drs. Duque Estrada, Bento Martins, Cockrane, Ildefonso Simaes, Maximiano de Lemos, Ackemar, Pinto Guedes and Montiero.

On September 4, 1847, was opened the "Homœopathic Medical Academy of Brazil," which was unfortunately short lived on account of the disagreements among physicians.

At that time a formidable opposition made its appearance from those who say their privileges in danger; all kinds of intrigues were invented and carried into execution, and two prominent Homœopathists were even imprisoned under accusation of having poisoned with their infinitesimal drugs.

Meanwhile, from Rio Homœopathy was carried to all parts of Brazil and even to Chili, Azore Islands and to the African shores.

During that period Dr. Mure enriched the "Homœopathic Matera Medca" wth many pathogeneses of very valuable drugs that I consider desirable to mention here:

Amphisbena vermicularis.
Anisum stellatum.
Aristotochia Milhomens.
Blatta Americana.
Bufo sahytiensis.
Canna Angustifolia.
Cannabis indica.
Cervus Brasiliens.
Convolvulus duartimus.
Crotalus cascavella.
Delphinus Amasonicus.
Elaps corallinus.
Eleis guinensis.
Guano Australis.
Hedysarum ildefonsianum.
Hura Brasiliensis.
Hypomane mancinella.
Jacaranda carola.
Janipha manihot.
Lepidium bonariense.
Milastoma akenani.
Millefolium.
Mimosa humilis.

Murure leite.
Myristica sebifera.
Ocynum canum.
Paulinia pinnata.
Panacea.
Pediculus capitis.
Petiveria tetranda.
Plumbago litoralis.
Resina hu.
Sedinha.
Solanum arrebenta.
Solanum oleraceum.
Solanum tuberosum agrotans.
Spiggurus Martini.
Tradescantia diuretica.

Dr. Mure, whose principal assistant was then Dr. John Vincent Martins, a Portuguese surgeon, was a man of a very combative disposition, and, consequently, he made vigorous war on the school which dominated the country. He accordingly not only discussed the questions theoretically, but took pains to analyze practically the cases that came to his knowledge.

As will be readily understood, these constant attacks aroused defenders of the old school, and there ensued a violent discussion, not in scientific perodicals, which at that time did not exist in Brazil, but in the columns of the daily press.

While his system had the natural effect of making enemies, at the same time it had the advantage of appealing to the general public, exciting interest in the subject and enabling everyone to decide for himself in regard to relative merit of the two schools.

The result was that commencing at the bottom their proselytism penetrated upwards, reaching the directing classes of society and leading to the establishment of homœopathic wards in the official hospitals.

Undoubtedly, this is the only system, for it wins public sympathy. But it had at that time the disadvantage of producing dissensions in the ranks of the Homœopathists themselves.

The triumphs then achieved were followed by a short period of inaction, caused by those dissensions.

In the meantime, Dr. Mure left Brazil and opened an office in Paris, where he found a wider field for his combative tendencies.

To condense in a few words the work of this deserving physician, it is only necessary to say that his teachings produced a real revolution in the opinion of the people on medical subjects, Homœopathy being adopted among all classes and throughout the length and breadth of the country.

In small villages in the interior of the country there appeared as if by enchantment persons who prescribed homœopathic remedies and even the vicars of nearly all the parish churches had their stores of homœopathic drugs with which they cured the diseases of their parishioners.

Not content with making known the benefits of Homœopathy, Dr. Mure, efficiently assisted by the indefatigable J. V. Martins, exerted himself to cause those benefits to reach the greatest possible number of people.

Sacrificing their personal interest, they did not hesitate to prescribe gratuitously and circulated also gratuitously their important guides and works of Homœopathy, one of which entitled "Elementary Practice of Homœopathy," two volumes, has run through many editions.

In this important work there is published an appendix containing statistical data, strictly correct, that show the extraordinary philanthropy of those admirable men.

From this appendix I take the following:

From 1843 to the end of 1856 they and their assistants prescribed in Rio de Janeiro for 81,811 patients, of whom 56,005 were males and 25,806 females. Of these there were cured 75,479; 3,701 abandoned the treatment; 2,897 died and 364 at the end of the year 1856 were still undergoing treatment.

The diseases from which these patients suffered are classified as follows:

General and nervous diseases	1,152
Diseases of the skin and external organs	3,504
Fevers	17,425
Mental diseases	671
Diseases of the head and scalp	2,741
Diseases of the eyes	1,520
Diseases of the ears	868
Diseases of the nose	457
Diseases of the face	457
Diseases of the teeth and gums	3,026
Diseases of the mouth and tongue	854
Diseases of the throat	3,387
Diseases of the stomach and digestive organs	7,047
Diseases of the abdominal organs	3,004
Diseases of the rectum, perineum and connected with stools	8,765
Diseases of urinary organs	2,824
Diseases of privates	376
Diseases of women	2,937
Diseases of respiratory organs	634
Diseases of chest and heart	14,037
Diseases of the thorax	325
Diseases of upper extremities	217
Diseases of lower extremities	265
Syphilitic diseases	5,318
	81,811

Dr. Mure has published important data showing the relative effects of homœopathic and allopathic treatment of yellow fever.

Of 1,561 yellow fever patients who received allopathic treatment at various establishments there died 874, or 56 per cent., and of 443 patients who were submitted to homœopathic treatment there died only 141, or 32 per cent.

It is necessary to add that homœopathic physicians were called in only in desperate cases. Recent and carefully prepared statistical data show that the death rate of yellow fever patients under homœopathic treatment is only 18.99 per cent.

So little confidence have allopathic physicians in their methods that they are constantly abandoning them; so that systems considered perfect in one year are entirely repudiated and put aside in the year following.

No less conclusive is the information contained in the work of Dr. Mure in the part relating to cholera.

He shows that of the cholera patients under homœopathic treatment 90 per cent. were cured; whereas barely 50 per cent. were cured under allopathic treatment.

Meantime, to several provinces of the empire was propagated the new doctrine.

At Pernambuco Dr. Ludgero Pinto adopted the new system and had a very large practice. He published "Treasure of Homœopathic Medicine." In that city the following were practising homœopathic physicians: Drs. Mesquita, Rohan, Jernsted, Ezequiel, Neves and others.

At Maranom, in 1847, Drs. Antonio Rego and Jose Maria Barreto, homœopathic physicians, practised their profession at the Misericordia Hospital. In 1849, Drs. Sabine and Chidloe, as members of the Instituto Homœopathico de Brasil, established in Rio de Janeiro, opened an office in the chief town of that province, and in the same year there was founded the Sociedade Homeopathica Maranhense.

Still in the same year Drs. Jernsted and M. Porte contributed to the spread of homœopathic science in Ceara.

In Parahyba de Norte Dr. A. Braz Chalreo devoted himself to the same work.

In Para and in south of Brazil Drs. Arnande, Jernsted and Porte, Ackermann were active propagandists.

In Bahia, Homœopathy was greatly enhanced by Dr. Mello Moraes, who, being appointed by his colleagues for the purpose of opposing Homœopathy, after a long and instructive discussion through the press and in meetings, was himself converted to it and turned out one of the most prominent apologizers. The same occurred with Dr. Jacintho Rodrigues Pereira Reis who, after having successfully practiced allopathy for 30 years in Rio de Janeiro, and who was one of the founders of the present Academy of Medicine, abandoned allopathy and adopted the homœopathic system.

There were published many homœopathic works written by Drs. Emilio German, Cockrane, Mello Moraes, Sabino, Velloso and Counselorer Baptista Pereira.

The following homœopathic journals were published: "O Hahnemaniano," "A Sciencia," "O Homeopatha," "O Medico Popular," "O Athleta," etc.

As above said, in continuation of this auspicious beginning of Homœopathy in Brazil, there arose discussions among its adherents and petty quarrels and rivalities did the utmost harm to the new school, checking its progress, and, as a result, followed by the decay of the aforesaid Homœopathic Institute with the consequent suspension of the delivery of certificates.

In 1859 three Homœopathists, Drs. Pereira Reis, Silva Pinto and Saturinino Meirelles, founded a scientific association called Instituto Hahnemanniano de Brazil, and a newspaper whose title was "Gazeta de Instituto Hahnemanniano."

The object of this association and of the journal was to contribute to propagate and perfect homœopathic doctrine. In his initial article the editor of the "Gazeta" stated that "as the period had changed it was necessary also to change the method of propagating the doctrine."

In spite of the efforts made by the editors of the staft of the "Gazeta," the association in the first year of its existence produced nothing new, not being so fortunate as Dr. Mure had been when he introduced homœopathic science into Brazil.

The enthusiasm of the first moment did not last, and the life of the "Gazeta" was ephemeral. It was succeeded by the "Annaes de Medicina Homeopathica" under the direction of the unwearying Saturnino Meirelles.

The Instituto Hahnemanniano, represented by its president, was able to obtain from the administration of the Misericordia Hospital the establishment of a homœopathic ward in that hospital after a year of gratuitous practice and of compared statistics in regard to this ward, and that of the professor of the faculty.

Through the solicitation of the "Instituto" the Government consulted the Faculty of Medicine in regard to the convenience of opening a homœopathic course in the medical academy and, as was to be expected, the answer of the academy, which was written by the eminent Professor Dr. Torres Homem and signed by five of the professors who composed the committee, was unfavorable to the proposal.

The report of the faculty led to a series of articles written, through appointment of the "Instituto," by Dr. J. Murtinko, showing that Dr. Torres Homem was entirely unacquainted with the subject on which he had written and had merely copied a work of a Parisian professor, who had reported on a consultation of Napoleon III., when the French Emperor had proposed to open in the Ecole de Paris a homœopathic course.

But it was Dr. Saturnino Meirelles who, point by point, refuted the arguments of the reporter of the faculty, and who, day by day, published in the "Jornal do Commerio" articles that were afterwards published in book form under the title of "Refutation of the Report of the Faculty of Medicine in Rio de Janeiro."

During the following decade, while Homœopathy was, to superficial observers, making no progress in the country, below the service was constantly winning new adepts. All persons disappointed with the results they obtained from the official system, resorted to Homœopathy, and there was scarcely a house either in the cities or in the country in which a homœopathic medicine box was not to be found.

Cures as wonderful as those obtained by the first disciples of Hahnemann were effected by persons who had had no medical education, and who were working with these limited resources. In fact, it seemed that the lack of medical education was really an advantage, since practitioners, who, from allopathy are converted to Homœopathy apparently, are never entirely able to free themselves from allopathic prejudices.

During this period many allopathic physicians, while essentially clinging to the old system, had secretly become converts to Homœopathy, of which they made use in the treatment of their families.

The knowledge of what was occurring led some of the homœopathic physicians to consider this period favorable to a renewal of the efforts, counting, as they did, on the assistance of converts. The meetings of the "Instituto" were resumed, and the journal, "Annaes de Medicina Homeopathica," made its reappearance. This journal is still published.

In 1897, there arrived at this port from Oporto a vessel with illness on board. This illness, according to the diagnosis of the health authorities of this port, was considered bubonic plague.

This diagnosis was criticised by members of the "Instituto" who contended that there was not sufficient basis for thus classifying the disease.

For the first time in the history of this country allopathic physicians condescended to discuss with the Homœopathists. The studied silence, which they had hitherto maintained, was now broken by one of the most eminent of their number, Dr. Nuno de Andrade, Director of the Board of Health, who endeavored to defend his diagnosis.

Shortly after this the Minister of War was taken dangerously ill, and the case was given up as hopeless by the allopathic physicians who were attending him, one of whom was the well known physician of that school, Dr. Francisco de Castro.

A distinguished homœopathic physician, Dr. Joaquim Murtinho, then holding the office of minister of finance, was called in, and in a few days the patient was out of danger.

The object lesson was not lost on the Minister of War. Having thus in his own person a most conclusive proof of the superiority of Homœopathy, he decided to give the whole army the benefit of this school of medicine, and established, on July 11, 1893, a homœopathic ward joined to the military hospital.

It is interesting to compare the results of homœopathic treatment with that of allopathic in the military hospital during the seven quarters since the establishment of the homœopathic ward.

These results, which show the superiority of the new medicinal school, are as follows:

	Treatment.	
	Allopathic.	Homœopathic.
Patients received	1,855	1,429
Removed	331	101
Treated	1,524	1,328
Deaths	51	35
Death rate	3.4%	2.7%

It is necessary to state that in general the worst cases are sent to homœopathic wards. Otherwise the result would be even more favorable to Homœopathy.

There are also auxiliary wards belonging to beneficent associations, but it is difficult to obtain figures in regard to the results in these wards.

Nevertheless, I am able to furnish some data taken from reports of associations established in Rio de Janeiro, which show the movement of the respective wards.

From figures published in the "Annaes de Medicina Homeopathica," January, 1883, I take the following:

In the "Venerable Order of Penitentia" there was opened a homœopathic ward, October, 1858.

Up to the 31st of December, 1882, the number of patients who underwent treatment were as follows:

	Allopathic.	Homœopathic.
Received	9,030	7,150
Cured	8,390	6,734
Deaths	620	398
Under treatment	20	18
Death rate	6.86%	5.56%

To the "Carmelite Hospital" there entered during the same period:

	Allopathic.	Homœopathic.
Patients	3,546	2,374
Cured	3,142	2,252
Deaths	377	108
Under treatment	27	14
Death rate	5.60%	4.57%

To the "Sociedade Portuguesa de Beneficiencia" there entered from January, 1859, to December, 1882, also, during twenty-four years:

	Wards.	
	Allopathic.	Homœopathic.
Patients	18,459	11,520
Cured	17,360	10,975
Deaths	1,034	527
Under treatment	65	18
Death rate	5.60%	4.57%

Summary of the three hospitals:

	Treatment.	
	Allopathic.	Homœopathic.
Received	31,035	21,444
Cured	28,892	19,961
Deaths	2,031	1,033
Under treatment	112	50
Death rate	6.56%	4.82%

Besides the preceding information, I take from a carefully prepared and revised report of Dr. Lobo Vianna, a medical attendant to the "Associacao dos Empryados no Commercio," a commercial association in this city which has about twenty thousand members. The following numbers, from 1880 to 1900, there, entered to the wards of the Portuguese hospital:

	Allopathic.	Homœopathic.
Patients	12,919	9,603
Deaths	1,159	498
Rate, per cent.	8.97	5.48

To the wards of the Carmelite Hospital there entered from 1873 to 1900:

	Allopathic.	Homœopathic.
Patients	10,438	6,100
Deaths	1,121	402
Rate, per cent.	10.73	6.59

To the wards of the "Penitentia Hospital" there entered from 1800 to 1900:

	Allopathic.	Homœopathic.
Patients	6,744	4,882
Deaths	789	338
Rate, per cent.	11.69	6.92

At the "Misericordia Hospital," to which indigent patients are sent and which on an average has in treatment over 2,000 patients, there are a homœopathic physician and a dispenser.

Since 1855, when there burst in Rio a violent epidemic of cholera morbus, from the figures of both wards then established in that hospital, we have the following statement strictly taken from its records:

	Allopathic.	Homœopathic.
Patients received	1,429	460
Cured	743	365
Deaths	668	88
Death rate	46.7%	19.1%

During the yellow fever epidemic in 1873 a Portuguese central committee entrusted its patients to the care of Homœopathists, Drs. Brar Dias da Matta, Silva Pinto, Saturnino de Meirelles, Manimiano de Lemos, and Magalhaes Calvet.

The "Misericordia Hospital" likewise to Drs. Saturnino de Meirelles, Liberato Carreira and Clarimundo da Silva.

In 1875 Dr. Saturnino de Meirelles published in the "Journal do Commercio" a series of articles establishing a parallel between Homœopathy and allopathy. These articles were afterwards published in pamphlet form.

From the contents of another report I take the following data: There applied, 1901 to 1902, to the "Misericordia Hospital" for homœopathic prescriptions, 7,111 patients, of whom 355 were men, 1,788 women, 3,937 children under five years of age, and 1,031 from five to fifteen years of age 1,017 were married, 5,815 single, and 289 widows and widowers; 6,540 were Brazilians, and 571 foreigners.

For these patients there were issued 30,780 prescriptions. The number of deaths was 172, or 2.41 per cent.

Such is the principle information I have been able to gather from many and various sources that a more attentive mind would render more profitable and enriched.

It is in the last preceding years that Homœopathy in Brazil rises to the consideration of the great majority of people, although government and adherents of the old school maintain themselves quite indifferent to the new face of this important subject, seeming that it does absolutely not interfere with public health nor change the whole structure of medical science and alter economical conditions of interested persons.

It is also worthy of remark that learned men versed in the science of mathematics are adopting Homœopathy, to which they give the benefit of their valuable support.

If anything is to be most regretted from the official reign of allopathy in Brazil it is surely the horrible slaughter of victims made by small-pox in official hospitals, where patients are forced to go and where only allopathic treatment is permitted. The result is that the death rate varies from 30 to 40 per cent., and every day, during the last eight or ten months, there have been on an average from 15 to 30 deaths from small-pox.

Here as elsewhere prejudices resulting from erroneous doctrines and personal interest prevail over the lessons of experience. Here as elsewhere official science seeks to establish a monopoly and suppress competition.

New names are invented for all diseases, which are duly classified, their pathological character and evolutions well and thoroughly studied and pointed out; but, unfortunately, official science does not cure.

The pride of the scientists is unwilling to admit that "there are more things in heaven and earth than their philosophy has ever dreamt of."

But the good sense of the people of Brazil avoids theoretical discussion and accepts as the best system that which produces the best result. The people go to homœopathic practitioners because these practitioners cure them.

I must now say a few words on the subject of the practice of Homœopathy in Brazil.

Of the various methods adopted in different countries at different periods no single one has been used exclusively in this country.

In fact, it might be without hesitation asserted that, except in the beginning, when the example of Dr. Mure maintained in all their purity the teachings of the founder of Homœopathy, prescriptions have constantly deviated from the original rule, preference being given to low potencies to the exclusion of other forms of administering homœopathic remedies.

What is usually adopted is the 5th decimal dynamization, and even as low as the 3x.

There are very few practitioners that limit their prescriptions to one substance; the most of them prefer to prescribe two or more to be taken alternately by the respective patient.

Surgery.

THE IMPORTANCE OF CAREFUL TREATMENT AND DIAGNOSTICATION OF HEAD INJURIES.

BY DR. H. M. CLENDENIN, M. D., LOUISVILLE, KY.

This paper should properly be so named. To the average practitioner come a number of such cases. He, careless of surgery or surgery measures, or of surgical diagnosis, either sews up the scalp wound, if any, neglecting to cleanse, sends or lets the patient go home without careful examination as to probable serious injury, to be sent for 24 or 48 hours later finding patient in a dying condition from hæmorrhage, fracture of base or meningitis.

Too little attention is paid to the patient injured in any way about the head. Some one has said, and truly, all cases of drunk, so-called epilepsy or any person picked up on the street unconscious or in a fainting condition should be carefully watched, thorough rest in bed and diagnosticated for serious brain lesions. Scalp wounds are sewn up over depressed fractures with the assurance to family that they will soon be all right and later lesion developing fully coma and death.

So the watchword I want to sound is caution and thoroughness in relation to the patients who are sent and brought to us, either with distinctive clear cut injuries or unconscious and no external injury.

All scalp wounds should be explored for fractures, and explored in a cleanly surgical manner, not with the finger you washed last week.

You have a patient who has been struck in the head. Large scalp wound; unconscious in profound shock. Here it is easy. Wound, wide open; patient insensible to pain and exploration easy; scalp shaved; wound cleansed. Examination shows no fracture. Everything favorable is first impression. Not so; examine pupils, whether equal or not; look for hæmorrhage of the nose, mouth or ears; see if face is drawn; note breathing, pulse, condition of superficial circulation.

There may be no external injury to skull, and still a fracture of the base. A fatal hæmorrhage from some vessels being ruptured or a severe concussion? With disorganization of brain tissues, which may result in fatal inflammation and softening or such changes as to leave the patient in a permanently disabled condition. The latter opens a wide field for discussion and we can fight it out on the floor.

Cases in Point.

A jockey thrown from a horse and dragged on track, bumping head up and down on the ground. When seen, entirely unconscious, stertorous breathing, slow pulse, not a bruise on body or broken bone. Patient while awaiting for ambulance reacted very much, became partially conscious and impression was that he was not much hurt, but we will take him in anyway.

No paralysis when he began to come around, but became very restless, semi-delirious and symptoms of excessive irritation to brain fever began to go up. Desire was to trephine, which was refused by friends. Condition continued to grow worse; developed paralysis of left arm, with rigidity of all other limbs; slow pulse; stertorous breathing and all symptoms of brain pressure. Operated and found whole brain inflamed, with ruptured capillaries all over it and bruising of brain tissue. Here we only saved our reputations, not the patient.

Case No. 2.

Another jockey thrown clear of his horse, alighting on forehead and nose. Unconsciousness not profound; recognized friends and did not want to go to hospital; no evidence of injury save to nose. He went into stupor while going to hospital and there remained for 8 days. Could be aroused to answer questions or take nourishment; no delirium; no bleeding at mouth or nose or inequality of pupils. Both eyes were blue and black, of course, underneath, but blow could cause that. Was it severe concussion with slight contusion or was it fracture of base?

After his eight days' sleep he wakened each morning and stayed awake all day; was very hungry and cross, like a child. Gradually recovered and went home. Also, an interesting feature about him, would answer calls to evacuate bladder or bowel while totally oblivious as far as you could see to all of his surroundings.

Case No. 3.

Picked up on street by police patrol and taken to jail for a drunk; put in cell to wake up, but he did not wake up worth a cent to respond to trial on the charge. Three days later it occurred to the astute official, the jail physician, that something might be wrong, and he was sent to the hospital.

Man was in a low, muttering delirium; pupils equal and fixed; inconstant motion, arms and limbs; pulse slow; temperature 101°; refused all nourishment at all times and we fed him by catheters through nose. He continued in this condition for ten days, save his delirium; grew wild and gradualy sank to coma and death.

So to the young practioner who gets his first calls to just such cases, for sake of your reputation, as well as patient, be watchful as to such injuries, and if wound requiring surgical attention are present, treat them in a cleanly, surgical manner, or even having your diagnosis correct, you have infected the case and spoiled and lose your patient from meningitis or brain abscess. [So. Hom. Assn.]

A CASE OF TETANUS.

BY J. B. ELLIS, M. D., FORT SMITH, ARK.

Having been asked to contribute a paper to this society, and believing that clinical cases are better disseminators of knowledge to the physician than any other mode of education, I will report a case of tetanus and the means used in relieving the patient of this dread disease and its terrible manifestations.

The ætiology of this disease is still somewhat in doubt, though the greater majority of our ætiologists concur in the anærobic microbe theory. This bacillus is found in the dust of the street, around barns, stable manure, and, in fact, wherever dust accumulates, and although found in almost every locality, it rarely finds entrance into living tissue, owing to its anærobic nature. Hence the rarity of the disease.

I will say right here that this is not the demonstration of the one dose high potency, or even the demonstration of a well-selected remedy (though I am a firm believer in the dynamic law and elective affinity), but the use of an aqueous 10 per cent. Carbolic acid solution hypodermically administered, and without which, I doubt, my patient would have died.

On the morning of July 23, 1901, James, the son of W. P. Hill, of this city, was out after the family cow, which had failed to come up, owing to a severe storm of the night, which had displaced some of the electric light wires, one of which was lying on the ground in the alley one block away. The cow being frisky and the boy anxious, there was a test of speed down this alley, with the result that son James was caught on this live wire, carrying 1,000 volts, thrown to the ground and held as in a vice for some time, until a neighbor, hearing his cries, came to his relief and released him by lifting the wire from between the third and fourth toes of the right foot, which were, severely burned, destroying the distal joints of both toes. Remarkable as it may seem, the boy walked home, one block away, and I was summoned to dress the wound.

An examination of the toes convinced me that an amputation of these toes at the metatarso-phalangeal articulations was the only thing I could do that would insure a good result. But the family, not wishing it done, I cleansed them and applied a dressing of linseed oil and lime water, which gave him relief from the pain, and the next morning he was feeling better from his hurt, but very nervous from the severe shock he had received from the electric wire.

I looked carefully after the dressing and found the toes doing well, though sloughing some. On the third day I began using non-alcoholic Calendula on surgical cotton, dressings to be changed every day and kept moist.

On the fifth day I called and found the toes doing well and healing some. I ordered the same treatment continued and to bring the boy to the office in three or four days.

August 2 they brought him to the office and I found they had neglected the treatment (due to the boy's fear of having his foot dressed), and that the toes were in a badly sloughing condition, very offensive and the distal joints partly disarticulated. At this visit I noticed that the boy did not use his jaws in the act of talking, and every few moments would get red in the face, grab his chair and hold on as if in a paroxysm of pain. On inquiry I was told that he had taken a bad cold in his throat and his jaws were stiff and almost unable to eat anything. I at once told the parents that he was having strong symptoms of tetanus and at once tried to get a picture of his condition on which to prescribe. Careful inquiry elicited the following:

Every few moments he would have a severe pain start in his toes, run along the course of the sciatic nerve to hips, then into the back, which he said was surely going to break; thence along the back to nap of neck and jaws, which would close rigid for the space of a half minute.

I found these symptoms prominently under Angustura, and prescribed 10 drops in 4 ounces of water, using the third potency, teaspoonful every hour. Dressed the toes preparatory to amputation the next day, which was nicely done by my friend and colaborer in Homœopathy, Dr. B. O. Morse, of this city, who saw the case with me several times and kindly amputated the toes, as the family would not let any one but your humble servant give the anæsthetic. I am pleased to state that healing was my first intention, and the outer sides of the toes were used as flaps to cover the region of slough, and the amputation was all that could be desired.

The amputation did not have any beneficial effect on the tetanic condition and patient went from bad to worse. I gave Angustura low and high, Belladonna low and high, Hypericum low and high, and yet it seemed that the death angel would claim my charge.

Fifteen days after the injury I was sent for at 2 A. M., at which time he was in almost constant convulsions. He was very much emaciated; temperature, 104; respiration, 46; pulse, 156; covered with a cold sweat and in as bad a condition as one often sees a patient. Gentlemen, I do not believe in searching after false gods, nor in delving down into the rut of allopathic adjuvants, but I had done all I knew for this child, and the mother on her knees begging me to save the boy, and I helpless in what seemed the death struggle of my charge. Could you blame me for wishing that I had never seen the case or that I might be 40 miles away from such a scene?

It had so happened that a neighbor's son, a lad of some 18 summers, had suffered a severe attack of tetanus the year before from a rusty nail in the heel. I had talked with this friend concerning the treatment, and he had told me that a Dr. Stevenson, an eclectic of this city, had cured him with Carbolic acid injections. I asked Dr. Stevenson to see the case with me, which he did, and advised the use of a 10 per cent. aqueous Carbolic solution, used subcutaneously.

I at once prepared a sterilized 10 per cent. aqueous solution as per above, and began by giving him 15 minims every four hours, using large doses of Passiflora incarnata internally to help control the convulsions. The effect was almost magical. He obtained the first sleep the following night he had had in five days and the following day he could open his jaws wide enough to take in a small piece of rubber tubing, through which he took large quantities of good, rich milk. I pushed the injections from 15 minims to 20 minims, adding one minim every hour until he was taking 20 minims. At this time he was having only occasional convulsive attacks, and they were light. From this time on he made a rapid recovery, uneventful from the fact that no sequelæ followed. At no time did he evidence any symptoms from the use of the Carbolic acid, nor did it make any sores on him, but did increase his appetite most wonderfully.

My reason for the use of the Carbolic acid is based wholly upon the cures made in this city and the fact that I was powerless to do otherwise and save my case. I had tried faithfully such remedies as his symptoms had suggested, and they had failed. Other any wiser heads might have found the remedy, but I confess that I could not. This much, my charge made a most successful recovery, leaving nothing more to be desired. From this and similar experiences from other practitioners of this city I am convinced that it is, if not strictly homœopathic to the case, worthy of a trial in like emergency.

Remarks by Dr. A. L. Fisher.

Under Carbolic acid we find: "The face livid (or pale); covered with cold sweat." "State of intense trismus." "Drawing pain in jaw." "Neck feels lame and stiff when moving the head." "Drawing in muscles of neck." "Violent convulsions with trismus." All the senses more acute and many more symptoms hinting to its homœopathicity to this and similar cases. The use of Passiflora along with the Carbolic acid lessens the value of the paper so far as it teaches which remedy cured. The amount of the acid used was not sufficient to check fermentation in the blood, if we are to judge from laboratory experiments, thus leaving its action along another line. Exciting its action, as it does, through the cerebro-spinal nerves is also evidence of its homœopathicity to the case. Aguaricus is a remedy to be thought of here. A terrible condition was successfully combatted and a life saved, therefore the doctors deserve great credit. [No. Ind. and S. M. Hom. Society.]

Dietetics.

WHAT IS THE NORMAL DIET OF MAN.

ORLANDO R. VON BONNEWITZ, M. D., NEW YORK CITY.

We frequently read in the daily press of this or that nation storing up large quantities of some specialy fine coal to be used in case of war, because the coal is so free from impurities that the resulting force is multiplied and the damaging wear of the machinery is minimized.

It costs the State thousands of dollars yearly to prevent manufacturers from foisting adulterated foods upon the ignorant public. Why?

Simply because the force generated is less per pound eaten and the resulting damage to the human machinery is very great, in fact, so great that it is a grave misdemeanor to be caught. Is a battleship or railroad engine of more importance than the delicate engine which runs a human being?

Is it not reasonable then that we pay some attention to the kind of food we eat as well as to the kind of coal we run our engine with or the quality of lubricating oil and gasoline we use in an automobile, and every autoist is careful of that?

That dietetics is a science of great importance in the treatment of disease is recognized by the best medical men of the world and should be as carefully looked after by the masses.

I will not try to examine the nutritive value of every kind of food, but to discuss a general rule of what we should exclude from our daily diet.

We recognize, first, that a man in a healthy condition should abstain from food which contains exciting principles, and intoxicating drinks and spices are not the only things harmful to the general nervous system.

That we eat three or four times as much food in a day as we need can be clearly demonstrated by a test upon yourself. If you watch your own friends you will see the thin, cadaverous individual will eat more than the robust one, but he only assimilates one-tenth as much as the latter, and his system has to do work twice as hard to get rid of the debris as the man who eats of the proper kind of food and digests and assimilates it all.

The wonderful amount of meat consumed daily by the masses in this country entitles it to earnest consideration. Meat contains not only uric acid—the dread of every person—and absolutely dangerous—if not the real cause of all rheumatic manifestations, but also a large amount of ptomaines and aromatic principles which have a decided stimulating and exciting effect upon the organism, nay, even contains living germs.

I firmly believe that years of eating an artificial and stimulating diet, by the law of cause and effect, induces drunkenness. Every medical man recognizes that any stimulant continuously administered must be increased regularly, and very soon "an appetizer" is required before meals.

The digestion of muscular fibre and animal fats is difficult and requires a great amount of gastric juice. Therefore, we are met at dinner with the subtle "cocktail," the worst of a bad lot, and this creates a false appetite by irritation.

Our temperance friends hold up their hands in horror at this practice, and then produce the same effect—maybe worse—by eating various spices.

I believe many cases of inebriety could be benefited if not cured by the elimination of animal foods and spices.

I remember hearing a prominent superintendent of a large insane asylum say at a lecture that he found the use of animal foods a great barrier to a permanent cure of this class of diseases, because flesh contains extra alimentary principles, which excites the nervous system to such a degree that it depletes its vital power.

Prof. B. S. Arnulphy some years ago stated before the Chicago Medical Society, when I was present: That the habitual use of meat in our diet is responsible for the increasing diseases of the heart and arteries, one of the most fatal being Angina Pectoris.

Considering all the disadvantages of animal food, it is not strange that intelligent people are taking more care of their diet, and that it is not a "fad" is evidenced by the fact that there are in this city alone some twelve restaurants in the Wall street district where you may obtain foods in their natural state. Fifty magazines could not flourish if the people were not interested in physical culture and diet—not faddists.

If we look at the chemical side of the subject we find we have food with all the elements that are good in meat (without the disadvantage)—which produce the principal elements—heat and force.

A normal person doing a moderate amount of labor requires in twenty-four hours, approximately, nitrogen 21 grams and carbon 300 grams.

These estimates are made from old analyses, but are correct, although now-a-days we prefer to consider such compounds as nitrogenous matter, carbohydrates and mineral salts.

Such eminent authorities as Letheby, Pavey, Wolf, Knop and Payen have proven by analyses that not only do vegetables, eggs, milk, cheese, dates, fruits and nuts contain all the elements for the production of heat and force, but they contain proportionately even more of these elements than do animal food, and the useless and injurious elements are extremely small.

Peas, beans lentils and haricots contain from 23 to 30 per cent. of proteid matter, 55 per cent. of starch, and about 3 per cent. of saline matter, while animal food contains from 8 to 19 per cent. of proteids and no carbo-hydrates at all. Fatty matter is present to a higher degree in animal food than in vegetables and grain products, but the use of seeds and nuts abundantly compensates in a highly concentrated form for this deficiency.

Bovet refers to the apparent connection between richness in albumen—nitrogenous elements—of plants and organic phosphorus, these two seeming to run parallel. In the leguminose they are found in the greatest proportion.

IN 100 PARTS

TABLE NO. 1.

	Nitrogenous Matter.	Hydro-Carbonate Matter.	Saline Matter.	Water.
Lean Beef,	19.3	3.6	5.1	72.00
Fat "	14.8	29.8	4.4	51.0
Lean Mutton,	18.3	4.9	4.8	72 0
Fat "	12.4	31.1	3.5	53.0
Veal,	16.5	15.8	4 7	63.0
Fat Pork,	9.8	48 9	2 3	39.0
Dried Ham,	8.8	73.3	2.9	15.0
Tripe,	13.2	16.4	2.4	68.0
White Fish,	18.1	2.9	1.0	78.0
Salmon,	16.1	5.5	1.4	77.0
Oysters,	14.010	1.515	2.695	80.385
Mussels,	11.72	2.42	2.73	75.74
White of Egg,	20.04	. .	1.6	78.
Yolk " "	16.0	30.7	1.3	52.
Cow's Milk (Lactine 5 2),	4.1	3 9	0.8	86.
Cream (" 2.8),	2.7	26.7	1.8	66.
Butter,	. .	83	2.0	15.
Cheese, Gruyere,	31.5	24.	3.	40.
" Roquefort,	26.52	30.14	5.7	34.55
" Dutch,	29.43	27.54	. .	36.10
" Chester,	25.99	26.34	4.16	35.92
" Parmesan,	44.08	15.95	5.72	27.56

TABLE NO. 2.

	Carbo-Hydrates.	Nitrogenous Matter.	Hydro-Carbonate Matter.	Saline.	Water.
Beans,	55.86	30.08	2.0	3.65	8.40
Peas, Dried,	58.07	23.8	2.1	2.1	8.3
Lentils,	56.	25.2	2.6	2.3	11.5
Potatoes,	21.29	2.5	0.11	1.26	74.
Mushrooms,	3.0	4.680	0.396	0.458	91.010
Carrots,	14.5	1.3	0.2	1.0	83.
Turnips,	7.2	1.1	?	0.6	91.
Cabbage,	5.8	2.0	0.5	0.7	91.
Garden Beet,	13.5	0.4	?	?	82.2
Tomatoes,	6.0	1.4	?	?	89.8
Sweet Potatoes,	26.75	1.50	0.30	2.60	67.50
Watercress,	82.	1.7	?	?	93.1
Dry Southern Wheat,	67.11	22.75	2.61	3.2	?
" Common "	77.5	15.25	1.95	2.75	?
Oatmeal,	63.8	16.6	5.5	3.0	15.
Barleymeal,	74.3	6.3	2.4	2.0	15.
Dry Maize,	71.55	12.50	8.80	1.25	?
" Rice,	89.65	7.55	0.80	0.90	?
Buckwheat,	64.90	13.10	3.0	2.50	13.
Dried Figs,	65.9	6.1	0.9	2.3	17.50
Dates,	65.3	6.6	0.2	1.6	20.8
Bananas,	?	4.820	0.63	0.79	73.9
Walnuts (peeled),	8.9	12.5	31.6	?	44.5
Filberts,	11.1	8.4	28.5	?	48.
Fresh Chestnuts,	42.7	3.0	2.5	?	40.2
Chocolate,	11.10	21.20	50.	3.	12.

One consequence of the association of the phosphates with albumen (vegetable) and the diffusibility of phosphoric acid, is, that food of this character (leguminous) is very readily dissolved and digested in the alimentary canal, even in the absence of the usual ferments.

The presence of a relatively large amount of potash salts in this food is also noted. In the laboratory of Haem a dog was fed thirteen days on an exclusive legumin (nitrogenous) diet, a soup free from salt, with the result of a decrease in weight of one-tenth.

An analysis was made of the gastric juice at the beginning and end of the experiment, and showed a marked increase in the two most important elements, Hydrocholoric acid and Chlorine. This may be interpreted as increased digestive power.

A similar experiment on a patient æt. 42 years, suffering from chronic gastritis, dilatation, and loss of motor power of the stomach, weak and emaciated. At the beginning the gastric juice was hightly acid, although free from hydrochloric acid. At the end of two months the total acidity was not increased and hydrochloric acid was normal, neurasthenia was lessened and she slept eight hours daily.

This diet consisted of eggs, milk and fruit in addition to the soup; the gain in weight was seventeen pounds.

Three months ago I attended a young woman, æt. 24, referred to me by Dr. Coles, suffering with extreme nervousness, emaciation and uricacidæmia.

Examination showed dilatation of the stomach, enlarged liver and spleen, stomach highly acid, constipation and headache, weight 99 pounds.

She was put on eggs raw, milk, dates, nuts, green salads and raw fruit; one month showed 12 lbs. gain, and in six weeks she was discharged, weighing 121 pounds, and sleeping ten hours daily. The dilatation of the stomach shows a decrease in area.

These experiments and the above facts show the value in theory and practice of a non-meat diet, and yet we allow patients to eat meat three times daily.

We can prove yet from an anatomical viewpoint that man is not carnivorous or even omniverous; this can be proven from his dental structure to the toes. Teeth in the animal are exactly adapted to the kind of food they were intended to eat. Cuvier in seeing but one tooth of an extinct animal could correctly report its habits, food and structure of its body.

The animal whose dental structure is most similar to man's is the monkey, and that monkey which feeds mostly on nuts, fruit, etc.

This fact could not be more clearly expressed than by the words of the celebrated anatomist of France, Milne Edwards, who is probably the greatest authority on comparative anatomy; he says:

"The dental apparatus of the monkey differs scarcely any from that of man, except that of man seems even less adapted to tear than a monkey's for man's canine teeth do not exceed in length the four incisors planted near, and the jaw is more feeble and just as round as the apes."

It would seem then that man from his dental structure would be frugiverous rather than omniverous; because all the anatomical signs which differentiate the monkey's that are frugiverous, from those that eat insects, molluscs or little birds are found in man, where they are still more pronounced than in those purely frugiverous apes.

It is a well known fact that the intestines of carniverous animals (flesh eating) are the shortest, growing longer in the omniverous (all kinds of food), still longer in the frugiverous and longest in the animals living on herbs.

According to Dr. Swamerdam and other eminent naturalists the intestines of carniverous animals are four or five times as long as their body, measured from mouth to tail, frugiverous are six to eight times, and those of the herbiverous is twenty times as long as the trunk. Therefore man, according to his intestine as well as his teeth is especially adapted to a fruit diet.

It is natural for the human body to digest fruit, and he feels no repugnance in gathering it, and eating it in the natural state.

Raw meat, on the contrary, has a most disagreeable odor and taste, and only after artificial preparation and "juggling" is it palatable.

From all that proceeds we may infer that every observation in nature and science leads us to affirm that man ought to be satisfied with a non-meat diet. We have shown by chemical, anatomical, physiological, pathological and clinical facts.

In all countries the peasant population is the healthiest, and they rarely eat meat. In Southern Europe they eat cereals and bread, while in the northern part bacon is sometimes added.

In America, as stated by Dr. Holtz, farmers eat meat mostly in the winter time and it is precisely that time when the most sickness and disease prevails among them.

That the mental activity is not hindered by such a diet is well shown by the population of India. The Hindoos are a people of the highest and most ancient civilization, and certainly has produced the most intellectual type of man the world has ever known, as it appears from their most wonderful philosophical and religious books, and they never eat meat.

A trip to our great financial district, and a study of the habits of our great "Captains of Industry," would convince any one that the foregoing article is not a "fad" among thinking men, but that we are daily courting the dreadful Bright's diseases and other fatal things by abusing a delicate engine with improper fuel.

The Colleges.

ANNUAL PRACTITIONERS' CLINICAL COURSE.

The Eighth Annual Practitioners' Course given in the homœopathic department of University of Michigan opened on November 9th with a preliminary week of lectures.

Dr. Hinsdale's Lecture.

The first lecture of the course was given by Dr. Hinsdale upon Some Conditions in Diseases of the Stomach.

The following are a few of the points presented: Dr. Atchison Robison states that the chemical examination of stomach contents does not give results in proportion to the amount of time devoted to it.

The existence of cancer cannot be determined from the diminution, absence or excess of free hydrochloric acid alone. Even with the diminution of hydrochloric and excess of lactic acids a diagnosis of cancer must be verified by other symptoms and conditions.

Gastric ulcer depends upon, first, an excess of gastric juice; second, an excess of hydrochloric acid; third, an especially vulnerable point in the already weakened gastric mucous membrane which is attacked by gastric juice and hydrochloric acid. It does not occur with a diminished amount of the physiological gastric secretions.

Dilatation of the stomach is the inevitable result of atonic progressive insufficiency, and may be defined as the permanent enlargement of the organ without or with obstruction of the pyloris associated with motor insufficiency.

Gas formation by fermentation is a pretty reliable indication of an insufficient motor capacity, and its necessary concomitant food retention.

Diminution in the quantity of urine, in gastric dilatation, indicates the accumulation of food; so soon as the stomach empties itself or is emptied, the flow of urine increases.

Pyrosis or heart-burn is never associated with excessive secretion of gastric juice; on the contrary, it is caused by fermentation. When annoying, lavage with a very weak solution of guacol carbonate is permissible and beneficial if the tube may be passed with safety.

No method of treating gastric diseases will be more than indifferent in results that disregards the composition, preparation and administration of food and the individual's dietetic peculiarities. Sugar consumption is rapidly on the increase. Since the Civil War it has increased threefold. In England the consumption, per individual, is 86 pounds per annum. It is a very valuable food, of course, being a great producer of energy, like starch, but the excess of consumption is an abuse and is alleged by many specialists to be the cause of the deterioration of teeth, and the present day proneness to digestive troubles. Experiments with the gastric juice from a chronic case of gastritis showed that when cane sugar in solution was poured into the stomach after having been thoroughly washed out it produced flatulence, heartburn, gastric distress and even vomiting.

Honey, which is a partly converted sugar, oftentimes agrees when cane sugar and syrups are not tolerated.

"Meat and potatoes," the standby of the laboring man, is an unconsciously physiological dietetic mixture. Some way or another, science is a thousand times anticipated by a thousand years. The digestibility of starch goes on until the stomach contains free hydrochloric acid. This will not occur so long as there is proteid for the acid to attack. This explains why starches are better if associated with proteid food.

Dr. Copeland's Lecture.

Dr. Copeland gave a very interesting lecture, narrating in detail the most recent views concerning the etiology and pathology of glaucoma. He illustrated it by showing several patients presenting different types of the disease. In outlining surgical and medical methods of treatment he dwelt particularly upon the homœopathic medicines of real or alleged value.

Dr. Dewey's Lecture.

Doctor Dewey gave an exhaustive lecture on the great antipsoric Sulphur, showing its adaptability to the glandular system and to the manifold complaints for which it is so frequently the remedy, and dwelt on the carefulness with which it should be prescribed. He emphasized the fact that its uses were not confined to merely an intercurrent in chronic diseases, but that it has a use essentially its own in many conditions, especially when the constitution of the patient corresponded.

Dr. Smith's Lecture.

Dr. Smith lectured on the differential diagnosis of surgical conditions of the breast. The following is a resume thereof:

The time at which an inflammatory condition or tumor first makes its appearance has an important bearing on the diagnosis of the condition. For example, a tumor appearing in the later teens is apt to be a fibroma, or adeno-fibroma, as some writers are pleased to call it; between the ages of twenty-five and thirty-five, a sarcoma or adenoma; after forty, a carcinoma. These are rules with enough exceptions to make it necessary for the physician to keep on his guard. A sarcoma or carcinoma may develop before twenty years is reached, hence it is necessary to recognize the characteristics of each condition.

A fibroma starts as a firm spherical, generally regular tumor. It grows very slowly, is encapsulated and movable in the tissues. A sarcoma starts the same as a fibroma. It grows more rapidly, and generally undergoes colloidal or some other form of degeneration. This degeneration may occur only in parts of the tumor, giving it an uneven consistence. A cancer begins as an induration; it grows into the surroundings tissue, causing its destruction; it is only movable as it moves the surrounding tissue with it; it grows more rapidly than a fibroma but less rapidly, as a rule, than a sarcoma.

If a tumor makes its appearance in the breast before the age of twenty the presumption is that it is a fibroma or an inflammatory exudate. If it grows rapidly, and, after a time, becomes painful or soft in spots, it should be treated as a sarcoma; if it seems to infiltrate the surounding tissues; has little pain or tenderness at first, and especially if it involves the neighboring lymphatic glands, a cancer is present. If a tumor first makes its appearance between the ages of twenty-five and thirty-five the presumption is that it is a sarcoma or an adenoma.. As between a sarcoma and a fibroma, it should be treated as a sarcoma without waiting for later developments. If a tumor starts in the gland after the age of forty, it should be treated as a cancer unless some other condition can be demonstrated.

The points of similarity and contrast of the many surgical conditions of the gland were studied along these lines.

Dr. Kinyon's Lecture.

Dr. Kinyon emphasized the importance of a clear understanding of the causes of disease in women and conditions leading to invalidism.

He dwelt upon the great influence of the changes incident to (a) puberty, to (b) marriage, and to the (c) climacteric, also to the influence of the function of (d) menstruation, and of (e) pregnancy.

At the time of puberty too great care cannot be exercised in keeping the young woman in proper general physical condition, especially of the nervous system. In cases of scanty flow do not resort to local treatment or surgery, but give the homœopathic remedy. At the time of marriage if the physician is consulted, it is his duty to impress upon the patient the great influence of the proper regulation of the sexual function. The doctor also emphasized the great frequency of serious disease of the pelvic organs due to infection in cases where the husband had latent gonorrhœa, perhaps of years' standing, but where he had been told by a doctor that he was cured. The doctor was very strongly of the opinion that where the man had had an attack of gonorrhœa leading to ulceration could not be cured so but what he would be likely to infect the wife. If this truth could be brought home with proper force the young men would not take the chances they do now.

In considering the climacteric he called attention to the profound changes necessarily resulting from the cessation of a function having such a deep influence upon the woman's life as that of menstruation.

Under the head of menstruation he went into detail regarding the different abnormal forms of the function, and gave a full list of homœopathic remedies with their indications, closing this part of his lecture with this sentence: "The carefully selected homœopathic remedy in cases of menstrual derangements but adds to the glories of the law of similia and to the prestige of the physician prescribing."

THE CLINICS.

Gynæcological Clinic.

Operator, Dr. C. B. Kinyon, Monday, P. M., November 14th.

Case I.—Mrs. R., age 37.

History of patient showed profuse and prolonged menstruation; some pain and bearing down in pelvis.

Digital examination revealed interstitial fibroma in the anteror wall of uterus.

Operation.—Uterus first curetted then cleaned out with cotton, and Iodine compound applied. After this a median, vertical abdominal incision, four inches long, was made; upon examination both tubes were found to be diseased, appendix also showing adhesions. Complete removal of uterus and tubes, also appendix.

Case II.—Mrs. R., age 38.

History of patient: Six years ago began menstruating excessively; patient usually menstruated every two weeks, and large quantities. Patient showed condition of profound anæmia. Her skin being a waxy, bluish hue, and very much exhausted.

Surgical Clinic.

Operator, Dr. Dean T. Smith, Tuesday, A. M., Nov. 15th.

Case I.—Mr. S., age 54.

Patient has suffered from varicose veins for twenty-five years. Eighteen years ago leg was injured, from which patient soon recovered, but deep, sharp and clear-cut ulcer would break out just above internal maleolus; would heal for a few months but soon recur. Patient now has a large ulcer, six inches long, extending entirely around his leg. Has been troubled with hæmorrhoids and polypi, also has inguinal hernia.

Operation.—Long saphenous vein was excised in several points; inguinal hernia reduced, hæmorrhoids and polypi removed.

Case II.—Mr. H., age 16.

Character.—Tuberculosis of tibia.

History of patient shows pain of moderate degree, worse at night; some local tenderness; the process had worked to the surface, which had given rise to sinuses. Patient had been previously operated on, the character of the operation being through curettage of the tibia, removal of sequestrium.

Operation.—Sinuses were thoroughly cleaned out, tibia scraped, all necrotic bone being removed, and cavity of bone being filled up with Iodoform solder, composed of 40 parts of spermaceti, 20 parts of oil of sesamum, and 30-60 parts of iodoform. Edges of incision were brought together by continuous suture.

Case III.—Mr. A., age 33.

Character.—Hæmorrhoids.

Patient has tried various treatments, all of which proved unsatisfactory.

Operation.—Excision by Smith method.

Ophthalmological Clinic.

Dr. R. S. Copeland, Tuesday, P. M., November 15th.

Case I.—Glaucoma. Right eye enucleated.

Case II.—Cataract of twenty-five years' standing, but never matured.

Nucleus only of right eye involved; cataract removed.

Case III.—Congenital cataract of right eye; father had senile cataract removed five years previous. Removal.

Case IV.—Convergent strabismus. History of ophthalmia neonatorum.

Operation.—Tenotomy of left eye.

Case V.—Central retinitis; had good peripheral vision; fundus looked pigmented.

℞. Phos. 6x, once daily.

Case VI.—Mr. Lee Marks.

Chronic catarrhal conjunctivitis.

℞. Nux 3x, t. i. d. A. B. C., locally t. i. d.

Digital examination developed a sub-mucous fibroma.

Operation.—Median, vertical abdominal incision, five inches long, was made, and both ovaries were found cystic, the fibroma showing degenerative changes suggestive of sarcoma. Complete removal of uterus and ovaries.

Case III.—Mrs M., age 27.

History.—Patient comes with vague and indefinite pelvic symptoms.

Digital examination show deep laceration of cervix, extending to internal os; two large triangular masses of scar tissue showing location of tear. Prepared for operation, and referred to Prof. Roberts's clinic.

Dr. Richards's Lecture.

First Weeks of a Child's Life. Wednesday, November 16th.

The first duty of a mother when pregnancy is suspected is to inform her physician, who should make monthly examinations of her urine until the seventh month, and every two weeks until end of pregnancy. The physician should give information regarding diet. Meat should be restricted to once a day, and all highly seasoned foods forbidden. Sweats should be restricted. Fruit may be freely indulged in, but not in excess at one sitting. Patient should take regular and light exercise, also daily sponge baths are advised. Douches are sometimes forbidden, but may be given by the nurse, but should be of short duration and 95° temperature.

The nipples should receive attention during the later months of pregnancy, and gentle friction may be used unless uterine contractions are excited; Equal parts of alcohol and warm water applied three times a day will prove of signal service.

Perhaps the most serious impediment to the physician and poorest economy to the family is the selection of a cheap, inexperienced nurse, that is, one not having received a thorough training; but a nurse should be employed that is capable of recognizing abnormal conditions in her patient. Immediately upon the birth of the child the nurse should carefully attend to the toilet of the child's eyes, nose mouth; these should be washed with Boric acid, and should leucorrhœa exist in the mother, 2 per cent. solution of Ag. NO_3 should be used for the little newcomer's eyes.

The vernix caseosa should be removed with fresh lard or olive oil, which are both excellent solvents. Dr. Richard's prefers lard, which should be carefully rubbed in, especially in the flexor surfaces and cracks, and then rubbed with a soft towel. Water warmed to 95° may precede the rubbing with soft towel, but this is unnecessary; then dry and cover with talcum, but remove this before dressing.

The stump should be turned toward the child's face and wrapped in borated linen or sterile cotton.

Baths may be given daily but in a warm room, 95° F., and should be done on a table and not on the lap of the nurse.

Most children are dressed too warm. Children should have a pinning blanket with straps over the shoulders, woolen skirt and muslin dress, and should not exceed twelve inches below feet.

The first time the child is fed should be after his initial bath, and after feeding he should be put to bed and left there until next feeding time; the time should be made regular, and baby weighed at regular intervals. If the child cries while in bed, and the mother is sure he is not in pain or hungry, he should be left there, and soon regular habits will be established by the child. The physician before leaving the little one should examine carefully the anus, urethra; should also leave a couple of tablets of Apis 30x, in case the child does not pass urine.

Exercise should be given the child by the nurse: first, by moving the joints, and after the morning bath the child be left to himself and allowed to kick. During the summer months, after the child is ten days old, he may be taken out for an airing, but during the winter months a child should be six weeks old.

Ophthalmia neonatorum is a serious condition, and should receive the first attention of the physician. If the mother has an infective discharge, frequent douches of Hg. 1-2000 should be given before labor, and the child should be protected.

Earache can be attended to by heat or warm oil or glycerine, also the indicated remedy.

Artificial foods should be resorted to only in—

2. Deficiency of normal milk.
2. Diseases.
3. Refusal to nurse.

The question of artificial milk offers many difficulties, and cow's milk properly prepared is, perhaps, the best artificial food. In Detroit a milk laboratory has been established for the purpose of preparing milk as prescribed by the physician. But it, too, has many objections. 1. Expense. 2. Milk must necessarily be old when obtained.

Dr. Jacobi advocates the dilution of cow's milk by use of cereals, while Horlick's Food and Mellin's Food are really malted barley and wheat. Cane sugar used in moderation answers every condition, and cane sugar is preferable above lactose, as the latter contains too much lactic acid.

Peptogenic milk powder has the great objection that when heated a trifle too much it becomes unpalatable. Condensed milk should be discouraged, as the coagulated albumen found in it, which is a product formed during its preparation, is extremely indigestible. Hand's condensed milk contains some ferment which digests the coagulated albumen, but still the objection to its use is not removed. Lange's condensed milk contains some of the tissue remedies in combination, and, although to the homœopathic physician this would appeal, yet its use has been so limited that proper statistics cannot be obtained.

Dr. Richards thinks when the Walker-Gordon milk cannot be obtained, Mellin's Food is probably the best artificial food for all purposes.

Medical Clinic.

Dr. W. B. Hinsdale, Wednesday, A. M.

Case I.—Asthma. Case of lady about 60 years old, suffering severe dyspnœa, coughing, raising large quantities of mucus. Dr. Hinsdale commenting upon the case said during severe attacks, when the following symptoms are present: Want of breath, cyanosis during slight exertion. Aspidosperma θ or 1x, in his experience, had proven an effective remedy.

Case II.—A. B., age 12.

Nine months ago caught in railroad wreck, from which he suffered a severe nervous shock; emaciation became rapid; stomach seems deranged; great thirst and large quantities of sugar was demonstrated in the clinic room in the urine.

Diagnosis.—Diabetes mellitus.

Prof. Hinsdale said, in discussing the case, that two remedies were usually called to mind in such cases. Uranium nitrate and Phosphoric acid. Uranium nitrate should be used when the stomach symptoms are prominent, also in these cases with gastric derangement. Prof. Hinsdale has found Nux vomica of great value. Phosphoric acid should be used in cases of nervous origin.

Case III.—Mr. A. B., age 27.

Patient complains of pain in abdomen just below ensiform appendix, of sharp character, considerable gastric disturbance; patient has lost considerable weight, also has mitral regurgitation.

Case IV.—Patient suffered some few years ago from malaria, from which he recovered slowly. A few months later began to have sweats, but no distinct chills; this condition still prevails. Malaria plasmodium was demonstrated in the blood, but in spare form.

Diagnosis.—Malaria cachexia.

Dematological Clinic.

Dr. R. H. Stevens, Wednesday, P. M.

Mr. Taylor, age 68.

Character.—About year ago small macules, papules appeared on feet, legs and arms; later, two tumors developed on eyelids, one the size of walnut, the other of hazel nut; they are of purplish color; small papules appear on the tongue, ears, back, etc.; on his feet they appear pustular, and the skin shows considerable thickening of corneal layer, also desquamation.

Diagnosis.—Angio-sarcoma or sarcoma cutis.

Case II.—McW., age 33.

Character.—Large growth in cervical region, involving the greater portions of the anterior triangle in axillary space; another nodulated tumor extending to clavicle over the pectoral muscles. Large pits are formed on face, also fine white scales on purplish base.

Diagnosis.—Syphilides.

Nervous Disease Clinic.

Prof. W. A. Dewey, Wednesday, P. M.

Case I.—Mr. A., age 35.

Character.—Some time ago had severe pains in muscles beginning in tibialis anticus, then running upward; suffered considerably from gastric neuralgia; patient had no tendon reflexes, also had Argyll-Robertson pupil; some optic atrophy; girdle sensation. Patient coundn't walk straight or stand with eyes closed without swaying. No specific history could be traced.

Diagnosis.—Locomotor ataxia.

Case II.—Mr. B., age 40, blacksmith.

Five years ago received an injury by horse bearing him to the ground. He suffered considerable pain in back about region of last dorsal; has never fully recovered; has pain along the course of sciatic, also more superficial nerves.

Diagnosis.—Traumatic neuritis.

Prof. Dewey outlined electrical treatment and such remedies as Calcium fluoride, Rhus toxicodendron, etc.

Case III.—Mr. M.

Character.—Patient suffers from ataxic stage of tabes dorsalis, also vesical symptoms, Charcot's knee.

Diagnosis.—Locomotor ataxia.

Case IV.—Child, age 4.

Character.—Convulsions; patient suffered hemiplagia when one year old, but gradually recovered; but convulsions persist, and occur about every four weeks.

Treatment.—Constitutional treatment suggested.

Eye, Ear, Nose and Throat Clinic.

Prof. R. S. Copeland, Thursday, November 17th.

Case I.—Right eye pterygium; left eye two pterygia; left for future operation. Removal of pterygium on right eye.

Case II.—Convergent strabismus of left eye.

Operation.—Tenotomy of left eye.

Case III.—Epiescleritis; refraction.

Case IV.—Dacryo-cystitis. ℞. Picratol 1 per cent., applied daily.

Case V.—Blepharitis squamosum. ℞. Hydrarg. oxyd. flav. Refraction taken.

Case VI.—Dacryocystitis; cataract of left eye.

Case VII.—Dacryocystitis; probe passed, No. 4. ℞. Hepar sulphuris 6x, t. i. d.

Case VIII.—Blepharitis; refraction.

Case IX.—Retinal atrophy; refraction.

Case X.—Tonsillotomy.

Professor Roberts's Lecture.

Professor Roberts's lecture, Thursday, November 17th.

Infection of the genital tract in women the cause of most of the disturbances found associated with the genital tract may be summed up thus:

1. Infection.
2. Traumatism.
3. New growths.

Nature's protective forces against the above and the safeguard nature provides are in direct proportion to the value and function of these organs.

The bony wall (pelvis) encloses the uterus with its appendages in a box, protecting it from traumatism. The long bones with their movable joints and ligaments, allowing free movements, prevent the jar in walking, while the water cushion in front protects it anteriorly and from infection.

The labia majora, with its mucous surfaces in approximation; the mons veneris, with its elevation of adipose tissue; acting as a watershed against all excrementitous matter from the body, the urine sterile carries all foreign matter before it, while gravitation prevents its lodgment. The vagina, which is devoid of glands or crypts, with an acid secretion, which destroys very readily the army of saprophytes which may entertain an ambition to gain a habitat there. At the external os a farther barrier must be overcome, the thick mucous plug which prevents the entrance to the internal os, but after the internal os is reached the natural resisting power is limited; large glands are found extending into the mucosa, the secretion is alkaline, the drainage is poor along to the external os, and infection once reaching the fundus is productive of much harm. The infection is soon carried from the uterus to the tubes, and unless the fimbriated extremity is sealed up by nature the abdominal cavity is invaded.

Modes of Infection.

1. Filth.
2. Copulation.
3. Masturbation.

The gonococcus is the most common of the pathogenic germs found in the vagina, but here the disease, gonorrhœa, is rare, but usually begins and limits itself to the vulva unless carried upward by douch, tip or copulation; the absence of crypts and presence of acid secretion makes the vagina an unfavorable habitat for the growth of germs, although the gonococcus is the most resistant of all the pathogenic bacteria which invades the vagina.

Infection is carried to other parts by three routes:

1. Continuity of mucous membrane. This is the most common method of extension by the gonococcus.

2. Lymph vessels. Through these channels the streptococcus and staphylococcus are carried to the uterus tubes, broad ligament, peritoneum.

3. Venous circulation. All the germs may be carried by the venous circulation to various parts. The gonococcus giving rise to arthritis; the sinuses found in the uterus after pregnancy fill up with clots, and under normal conditions become organized; but when the thrombus becomes infected it soon disintegrates, and fragments are carried to other parts, giving rise to phlebitis, etc.

Protection is afforded the human organism in the following way:

1. Poisonous effects of the toxins upon the germs themselves.
2. Leucocytosis.
3. Cell characteristics or cell resistance.

Professor Roberts's Clinic.

Case I.—Mr. B., age 19.

Character.—Five weeks previous to operation had severe pain in abdomen, was nauseated, vomited, had fever. Still sensitive over McBurney's point.

Diagnosed during attack as appendicitis.

Operation.—Incision was made over McBurney's point 2½ inches long, large numbers and firm adhesions were found. Omentum could be severed only with difficulty from intestines; appendix was found adherent by firm adhesions, greatly thickened and showing constricted portion about half inch from end. Wound was sewed with chromacized gut and dressed in silver foil.

Case II.—Mrs. P., age 39.

Character.—Patient has had several attacks of gall stone colic, also digital examination shows fibroids and laceration of cervix.

Operation.—Median incision four inches long was made; the uterus was removed, leaving the cervix; the appendix, which showed enormous masses of adhesions, was removed.

Incision was made over gall bladder, and large stone size of walnut was removed.

Case III.—Mrs. D., age 30.

Character.—External laceration on both sides of the internal os. Uterus, depth 3½ inches, retroverted; left ovary cystic, and external sphincter torn.

Operation.—Surface of cervix was first denuded then approximated and sewed by silk worm gut. Emmett's operation on the perineum, after which the uterus was put in position and Alexander's operation performed.

Case IV.—Mrs. H., age 36.

Character.—Laceration of perineum.

Operation.—Roberts's modification of Emmett's operation.

Resume.

The following is a list of the operations performed by Professor Roberts, who spent the entire day in the amphitheatre. The high class work and technical skill displayed excited the admiration of all present.

1. Abdominal hysterectomy, including removal of both tubes and ovaries.
2. Removal of appendix vermiformis.
3. Removal of an encysted gall stone and complete closure of gall bladder without drainage. (The wound healed by first intention.)
4. Appendectomy with extensive adhesions.
5. Trachelorrhaphy, Emmett's operation.
6. Perineorrhaphy, Emmett's operation.
7. Alexander's operation.
8. Perineorrhaphy for complete restoration of the perineum, including the anal sphincter. [Reported by DeWitt.]

The Library.

BOOK REVIEWS.

Physician's Visiting List for 1905.

Fifty-fourth year of its publication. P. Blakiston's Son & Co., Philadelphia.

Complete and simple as ever, made of good material and first-class workmanship—this is why those who use a Blakiston list never change.

Diet in Disease

Or Practical Dietetics for Nurses. By Alida Frances Pattee. New York City.

This is a neat work on dietetics, and one that every nurse will find practical, simple, brief and exact. It is the outcome of practical class work, experience in hospitals for over eight years. It is the best of its kind that we have seen.

The Houseboat Book.

By Wm. F. Waugh. The Clinic Publishing Co. Chicago, Ill.

This is the log of a cruise in a cheaply constructed houseboat from Chicago to New Orleans, down through the canal to the Illinois River, and then into the Mississippi, and so on down that wonderful and ever-changing river to the Creole City. The adventures along the route and the scenes described make it a most readable book. It has a few illustrations of scenes along the route.

International Clinics.

Thirteenth Series, Volume III. J. B. Lippincott & Co., Philadelphia.

Another volume of this well known quarterly fully up to its usual standard. The article by Dr. Chauncey D. Palmer on remedial agents in the treatment of gynæcological affections shows that there is something at least in internal medication, especially when it is taken from the homœopathic and eclectic schools, as the valuable part of the essay doubtless was. At any rate, these volumes are always worth the price.

The Surgical Treatment of Bright's Disease.

By G. M. Edebohls, A. M., M. D. New York: Frank F. Lisiecki, 9 Murray street, 1904.

This work consists of the various articles that Prof. Edebohls has written in the periodical literature from time to time on the subject of renal decapsulation, together with much new material, dealing especially with the results of the treatment which offers, according to the author, the main, if not the only, hope of sufferers from a hitherto uncurable malady. The work will be welcomed by all who are interested in renal surgery as a most valuable contribution, and perhaps, one that may in the future stand out above all others so far as the treatment of Bright's disease is concerned. We notice that the author gives credit to an article in the Medical Century, by Doctor H. C. Aldrich, our Minnesota correspondent.

Essentials of Anatomy.

Including the Anatomy of the Viscera. By Charles B. Nancrede, M. D., Professor of Surgery and Clinical Surgery in the University of Michigan, Ann Arbor. Seventh edition. Thoroughly revised. 12mo volume of 419 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $1.00, net.

This work, now in its seventh edition, has met with a most cordial reception. In this revision the entire book has been carefully gone over and the section on the Nervous System completely rewritten. The illustrations throughout the text are excellent, showing the anatomy of various parts with unusual clearness. Students and, indeed, young practitioners will find the work of great service.

Diseases of the Lungs, Bronchi and Pleura.

By H. Worthington Paige, M. D., Lecturer on Theory and Practice of Medicine in the New York Homœopathic Medical College. 165 pages. Cloth, $1.00. Postage, 8 cents. Philadelphia: Boericke & Tafel. 1904.

A small manual on diseases of the lungs, bronchi and pleura by Dr. Paige, of the New York Homœopathic Medical College and Hospital, in which the salient points of these affections are condensed into 165 pages. It gives the essentials in a practical way and the most approved methods of treatment. It will become a valuable book for the student and a handy reference book for the practitioner. It is one of the best of the small books that have lately come to our table.

Blood Pressure as Affecting Heart, Brain, Kidneys and General Circulation.

By Louis F. Bishop, A. M., M. D., New York. E. B. Treat & Co. 1904.

This little manual deals with the various alterations in blood pressure and the management of cases presenting the same. There are many works on the pulse, but this one seems to take a deeper view of the conditions and looks into the deeper significance of the varying pressures and examines their causes. It is a work of 112 pages and is one of the handy, little books to have.

Kirke's Hand-Book of Physiology.

By W. D. Halliburton, M. D., F. R. S. Nineteenth edition. Philadelphia: P. Blakiston's Son & Co. 1904.

A work that has passed through eighteen editions needs no review at the hands of any present day editor. It is sufficient to say that had the work not kept pace with the advances in physiological fields it would long ago ceased to exist. The present edition enters especially into that field of physics which underlie hæmodynamics, and the parts relating to the nervous system and to the circulation of the blood have been thoroughly revised. It is the same old good and up-to-date work.

The Chronic Miasms.

Psora and Pseudo-Psora.

By J. H. Allen, M. D. Chicago, Ill. Vol. I.

This is a work that every homœopathic physician in the land should read and study. By so doing he will become a better prescriber, for no matter what his opinion may be of Hahnemann's theories of chronic diseases, he will find his conceptions of them broadened and will see that modern methods and their trend is directly in the line of Hahnemann's theories. We hear frequently physicians say that these theories have injured Homœopathy and that they are ridiculous and untenable. Even admitting for the sake of argument that this may be so, there is nothing to be lost and much to be gained by a study of them, for by so doing no one can help arriving at a better understanding of disease. Dr. Allen has given a good work to the school, and we understand it is to be followed by a volume on sycosis.

Mental Defectives. Their History, Treatment and Training.

By Martin W. Barr, M. D., Philadelphia. P. Blakiston's Son & Co. 1904.

This is the most complete work on this subject that has come to our table and will find a place in the library of every physician who has—and who has not?—patients belonginng to this large class. It classifies idiocy and imbecility in a practical manner and gives the most modern views as to treatment and training. The work is finely illustrated and the illustrative cases cited makes it easy of comprehension. It also deals with the various forms of insanity as affecting the mentality of the developing child. Dr. Barr has had over twenty years' experience in the treatment and training of such defectives and he is recognized as an authority on the subject. He is chief physician in the Pennsylvania Training School for the Feeble Minded at Elwyn, Pa. It is a work we can warmly recommend to all interested in what the French call the children of the good God.

A Philosophy of Therapeutics.

By Eldridge C. Price, M. D. Baltimore, Md.: Nunn & Company, 1904.

Our good friend, Dr. Price, has rewritten an excellent and most readable book on the philosophy of therapeutics, and while we may not believe all he says is capable of demonstration or even true, yet we learned many new things in reading the work. The author believes that the time has come for an understanding between the various schools and sects in medicine. Perhaps it has, but while the allopathic school is seeking ever for whom it may devour, and simply for the satisfaction of the meal, we cannot see that there is any great prospect of the coming together of the schools. The work of Dr Price is what the doctor himself aims to be, liberal; we do not exactly know what is meant by liberality in medicine, we have always thought that the homœopathic physician represented liberality in its broadest sense, for says not the definition: "By inheritance, tradition and right." Buy this work of Dr. Price's, it will be read with pleasure and with profit, and you will believe more of what he says than you think you will. You do not have to believe in the emasculation of the Materia Medica as the Baltimore Club proposed to get good out of the philosophy of therapeutics. We welcome the book to our library and thank the distinguished author for having produced it.

The Diseases of the Uterine Cervix.

By Homer Irvin Ostrom, M. D., New York, Surgeon to the Metropolitan Hospital, etc. Author of "A Treatise on the Breast and Its Surgical Diseases," "Epithelioma of the Mouth," etc. 386 pages. Cloth, $2.50. Postage, 18 cents. Philadelphia: Boericke & Tafel. 1904.

This new work by Dr. Ostrom, the well-known author of "Diseases of the Breast," deals with affections of the cervix of the uterus, the author believing that advantages accrue by considering separately the different segments of the uterus. It treats of the inflammations, erosions, lacerations and the neoplasms of this part of woman's anatomy, besides giving valuable chapters on gynæcological antisepsis, examinations and operations. It is a well arranged book, the prominent points of which are brought at once to the eye a bold-faced type, and the general make-up of the book is excellent. Aside from the general and surgical treatment there is much good homopathic treatment and indications for remedies that will appeal to our school. How many gynæcologists are there in our school who know that Hydrocotyle Asiatica is useful in erosions of the cervix in the acute forms, with a heavy, sensitive and painful uterus and its other indications? Yet Dr. Ostrom speaks highly of it. The doctor also has much faith in the tissue remedies and gives many new indications for their use. The work is marred some by poor proofreading, the title page even being not free therefrom, and many of our remedies are misspelled, an æsthetic criticism which does not impair the value of the book.

Correspondence.

"A Failure; Or Was Bryonia Indicated?"

Editor Medical Century.

In brief reply to above by Doctor Peck in Medical Century for November, I would say yes to the first part and no to the second, but the failure is on his part in not taking into account the surgical nature of the case. He had no Bryonia or any other remedy case. It has passed that stage as the opening of the abdomen clearly showed, and, therefore, why discuss for a moment the point as to whether Bryonia was indicated.

In the second place the symptoms are too meager on which to make a reliable homœopathic perscription. Every symptom given can be found prominent under Belladonna, and this remedy is usually better indicated in pain about the coecum and in inflammatory symptoms generally. Before a remedy should be adjudged a failure it must be prescribed on more symptoms than the doctor gives us in this case. May be it was impossible to get more, yet that was no fault of the remedy. The fault usually lies with the prescriber. The price of good prescribing is faithful study of the Materia Medica, and we are all guilty of shortcomings when it comes to paying this price. D. H. Dean.

Good Suggestions from President Royal.

Editor Medical Century.

I want to thank you for your excellent editorial in the December Medical Century on "An Opportunity Not To Be Lost." I am especially thankful for the words "The Medical Century will be at the command," etc., because it gives me an opportunity to make a few suggestions to the officers of State and other societies.

As Iowa is one of the eight States mentioned let me relate what the officers of the Hahnemann Medical Association of Iowa have planned to secure new members for the A. I. H. The Executive Committee has decided not to have the regular annual meeting but to call a special meeting to be held in Chicago on June 19, 1905. At that meeting the Association will pass on all applications which are in our possession at that time and instruct our secretary to issue certificates required by the Board of Censors of the A. I. H. We also expect to authorize our Board of Censors to act with our secretary and look after any who may apply after we adjourn. This will let in those who graduate next June.

I presume the constitutions of the other State societies are like ours in that they can give their Executive Committee the power to admit members. If there be any society whose By-Laws do not give this power and such society holds its annual meeting early as you state, let some action be taken at that meeting which may admit all who wish to membership. One or the other of these plans will afford an opportunity for every one, even the June graduates, to join the A. I. H. during the week of June 19th to 24th.

We in Iowa had set our mark for seventy-five new members, but after my return from Chicago last month, and relating to some of the officers what I had incidently heard of the enthusiasm of the Illinois Society, we increased the number to 100.

I notice you state that Michigan and Iowa each have about the same ratio in the A. I. H. Let the officers of these two States vie with each other in securing the largest number of new members.

Cordially,
George Royal.

A Correction.

Editor Medical Century.

The following item appears on page 350 in a report of the New York State Society meeting by Dr. Higbee:

"A valuable point in differentiating between Arum triphyllum and Pulsatilla in diphtheria is that cold water aggravates the Pulsatilla case while it relieves the Arum triphyllum case.—By B. G. Clark."

Now, that was a mistake in reporting. It should be just the other way. "A drink of cold water relieves the Pulsatilla case and aggravates the Arum triphyllum case, otherwise the symptoms are similar."

I might add that in my opinion physicians generally prescribe Pulsatilla in cases where there is a thick discharge from a mucous membrane with no thirst, and these symptoms are emphasized by nearly all teachers, and it is a valuable remedy in the subacute conditions, but when it is called for in the acute catarrhal conditions, or in diphtheria, the discharge is thin and excoriating, with thirst for a little and often (like Arsenicum), with relief by drinking.

Yours truly,
B. G. Clark.

OBITUARY.

Dr. George Streeter

A graduate of Hahnemann Medical College, 1872, died on November 19th, at Waco, Texas.

Dr. Conrad Wesselhœft.

In Boston, December 17th, Dr. Conrad Wesselhœft, aged 71. Editorial notice elsewhere.

Dr. W. H. Bigler,

Of Philadelphia, died suddenly last month in that city. He was a former editor of the Hahnemann Monthly, and Professor of Physiology in the Hahnemann Medical College.

Dr. Clarence Willard Butler.

Of Montclair, New Jersey, died on December 21st. Dr. Butler was one of the prominent homœopathic physicians of New Jersey, a member of the American Institute of Homœopathy, and a gradute of the New York Homœopathic Medical College and Hospital in the class of 1872.

Dr. William M. L. Fiske.

The well known homœopathic physician of Brooklyn, died December 21st. Dr. Fiske was graduated from the New York Homœopathic College in 1864, and was at the time of his death one of the trustees of that institution. He was connected with the Brooklyn Homœopathic Hospital.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A DEWEY, M. D., ... Editor.

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JANUARY 1, 1905.

Editorial.

THE HAHNEMANNIAN ASSOCIATION AND THE INSTITUTE.

An interesting discussion took place at the last meeting of the International Hahnemannian Association over the excellent paper by Dr. A. Eugene Austin, formerly of New York, now of Chicago. Dr. E. B. Nash, of New York, advocated that the Association get into some relationship with the American Institute of Homœopathy, and Doctor Austin showed in a concise and practical manner the good that those holding principles represented in the I. A. H. could work in the American Institute. The opposition to this spirit of progress on the part of Drs. Nash and Austin showed that it will take a longer time than twenty-five years to soften the feelings that led to the formation of the International Hahnemannian Association. One of the speakers said: "The wisest men that our school has produced decided twenty-five years ago that they could not live in the Institute and do their work, and there is no evidence that conditions have essentially changed since then." There could be no more narrow sentiment conceived by any broad mind than this one.

Dr. Austin showed in a forcible manner the good that the members of the Association did at the last meeting of the Institute, and added that had they not been there the Institute would have stultified itself before the public. He showed the reasons for the working together of men who hold differing views of some of the tenets of Homœopathy, and advocated what the Medical Century has on several occasions advocated, the union of forces. We have always urged the union of these two opposing factions, we say opposing, yet it is not altogether so. Both are working for the advancement of Homœopathy, and this advancement is seen by different men differently. We believe there is room and necessity in the Institute for the pure kind of Homœopathy that is represented in the Association, and we believe it is only a question of time before such a union will be effected. We advocated such a union when the Institute was in the process of reorganization. There is a Bureau of Homœopathics in the Institute, and that seemed to us to be the proper place for the work of the members of the Hahnemannian Association, and here their good work would have been felt, and instead of an audience of twenty or forty they would have reached ten times that number and many more through the transactions. There is no Homœopathy in the Association that is too good or too pure for the Institute. Then, too, there are many benefits to be derived from the fact that the homœopathic school, as a whole, was working together instead of there being opposing factions. We need the work of these enthusiastic members of the Association in the Institute, and we never needed it more than right now. We would like to see the Hahnemannian Association come into the Institute as a whole and become one of its sectional societies or bureaux. As it is we look upon it as a weak society, standing on the outside, levelling carping criticism at the work of the Institute with no power or voice to change what they would most like to have changed, and yet meeting within hailing distance of the greater body, for the simple reason that the best part of its membership desire to keep their membership in the Institute and hold it to the closest approach possible to the principles represented by the Association. By coming into the Institute as a body, by lending their counsels, by giving those in the Institute a chance to reply to their criticism it would have a far-reaching effect for the good of Homœopathy in general. It is to the younger men of the Association that we must look for the change that will sooner or later come about, and we believe that the time is not far distant when the Internaional Association will disband and become an important part of the American Institute of Homœopathy, if not its most important part. Those coming in would be joined by a large number of those already in who hold similar views but whose loyalty to the greater body is too firm to join the lesser because they rightly recognize that they can do more good where they are. Why delay the inevitable? Although Drs. Nash and Austin may not wish to go so far as to disband the Association they are quite right in seeing the necessity for the work of the members of that body in the American Institute and the benefits that would accure to the cause by the union.

DR. CONRAD WESSELHŒFT.

Dr. Conrad Wesselhœft, the eminent homœopathic physician of Boston, Mass., died in that city on the evening of December 17th. The immediate cause of his death was disease of the heart. On

March 23d of last year, Dr. Wesselhœft's 70th birthday, was made the occasion of a notable demonstration in his honor by his professional brethren, and at that time there was little to presage the near approach of death. Surrounded by more than 200 of his friends and associates in the practice of medicine, he spent the evening that marked his attainment of three score years and ten of life at a banquet given him at the Hotel Somerset.

Dr. Wesselhœft's career in medicine covers a period of over forty-eight years. Born in Weimar, Germany, in 1834, he came to America with his parents when a mere lad. He received his professional education at the medical school of Harvard University, from which he graduated in 1856. He engaged at once in practice, choosing the homœopathic system, and becoming one of the best known advocates of our school in America. He served in the Boston Homœopathic Dispensary, being from the earliest days of the institution one of its physicians. He was a trustee of the Massachusetts Homœopathic Hospital, and almost up to the time of his death had a term of service there. He was also chairman of the consulting board of physicians and surgeons of the Westboro Insane Hospital.

He was preseident of the American Institute of Homœopathy in 1879, and had also been president of the Massachusetts Homœopathic Medical Society and president of the Boston Society.

He filled the chair of pathology and therapeutics at the Boston University Medical School with distinguished ability, and was always an ardent worker in behalf of the school. His long connection with the institution brought him into contact with several generations of students, to whom he greatly endeared himself by his illuminative teachings and kindly personal interest in their professional success.

As a medical author his works covered a considerable, the most notable of his writings being a translation of the Organon of Hahnemann. He was one of the committee for preparing the Cyclopædia of Drug Pathogenesy; was one of the committee also for publishing the Pharmacopœia of the American Institute of Homœpathy, and his writings for journals and medical societies have been very numerous and highly valued by physicians of the homœopathic school.

Thus passes away a good physician, an excellent teacher and fatherly friend. One whose name has ever been synonymous with the progress of Homœopathy in New England.

EDITORIAL BREVITIES.

Union of the Hahnemann Medical College and the Chicago Homœopathic.

The first bit of welcome news for the new year is the announcement of the amalgamation of the Chicago Homœopathic Medical College, which is located at Wood and York streets, Chicago, and the Hahnemann Medical College, which is located at 2811 Cottage Grove avenue. This amalgamation will result in the formation of the largest homœopathic college in the United States, and there will be no more inharmonious interests in our school in the Western Metropolis. The details of the amalgamation have not been fully worked out. Dr. George F. Shears will be the president of the combined colleges, and Dr. A. C. Cowperthwaite, the former president of the Chicago Homœopathic, will be a director of the new institution. The laboratories and hospital of the West Side institution will be abandoned and the appliances added to the Hahnemann equipment. On the opening of the new term on January 2, 1905, the students registered at the Chicago Homœopathic will report for work at the Hahnemann institution, where their regular lectures, demonstrations and clinics will be continued. There is every prospect now that the conflicting college interests are united and the homœopathic profession of Chicago harmonized that an aggressive campaign be made for recognition in the University of Illinois. The University Trustees have conferred with the Directors of the college and the outlook for the merger is bright. Homœopathy in Chicago is greatly strengthened by this union. We look forward to seeing the greatest homœopathic college of the country located in Chicago, which is in the great centre of Homœopathy in the world.

Graduates in Homœopathy.

An examination of the records for the ten years ending last June show that the cry of a falling off of students in our colleges is, in fact, a false one. True, there has been a diminution in some of our colleges, but there has been a corresponding increase in others. In 1895 there were twenty colleges, in 1897 twenty-one, and to-day there are nineteen. In 1904 the number of graduates was greater than in 1902. In 1903 the number of graduates was greater than in 1898, 1900, 1901 or 1902. There has always been some fluctuation in the number of graduates, and while we are not supplying the demand for homœopathic doctors that exists throughout the country, we are graduating on an average as many from our colleges as we were ten years ago. This is a flattering condition for Homœopathy considering the great falling off in old school graduates and the going out of business of a large number of their colleges. The higher medical requirements have brought this about, but Homœopathy fears these not.

The Malady of Love.

Dr. Maurice de Fleury, a French alienist, calls that form of love commonly known as infatuation a disease with well defined symptoms, and asserts that it is susceptible to treatment as much as any other mental illness. Acording to Dr. Fleury there are two kinds of love, a healthy, normal love, which brightens life and illuminates the pathway of its possessor, and secondly, a love infatuation, a morbid intoxication of the better senses which should be listed along with inimical agents such as alcohol and morphine, and should receive the same careful and discriminating treatment. Those suffering from this disease, as the doctor calls it, give evidence of physical depression, derangement of the nervous system similar to those suffering from drug habit. The disease of love infatuation is found almost wholly in those who have a low resisting power to disease, the weak, the nervous, the moody. Those who suffer from weather depressions, colds, insomnias, neuralgias, influenza, and tendency to lung affections, become ready victims. The man or woman whose vitality is high is unaffected, in these the healthy form occurs. As to treatment, Dr. Fleury asserts that they should receive the same treatment as a dipsomaniac or a morphomaniac, the "poison" should be suppressed and the patient built up, and with the rosy glow of health all morbid passions will die a natural death with no danger of a recurrence. As alcohol has far-reaching and injurious effects, as morphine's slaves become moral physical and spiritual wrecks, so the disease of love infatuation afflicts the body and mind to the extent that the hope of an active and useful life is lost and the victim is an easy one to the first severe disease that may attack. The effects of love and manias according to the doctor are the same, their treatment is the same and the condition of "dying of a broken heart'" is a curable one. Our homœopathic remedies should be powerful adjuvants in the treatment of the lovesick passion.

Grace Hospital, Detroit.

During the past few months a number of changes have been made at Grace Hospital. A new elevator, freezing plant and closets, remodelling of kitchen, office, dispensary, furnace room, operating room, etc., are among the internal improvements. One would be led to suppose from reports given out that this is to be taken as an indication that the homœopathic interests of the city were responsible for all this. We hope that it is so. But there is a suspicion that all the professional work of the hospital is not in the hands of the Homœopaths. This suspicion may be unjust, but at the last meeting of the Homœopathic State Medical Society we witnessed the unusual spectacle of a prominent allopath of Detroit in the amphitheatre of Grace Hospital holding a surgical clinic before the members as invited guests. True, there were some homœopathic operators in the pit at the same time, but it was a surprise to see a demonstration in surgery in one of our college towns and before a State homœopathic society made by an old school surgeon.

We are not questioning but that an allopath can teach good surgery; in fact, the improvements that have been made in modern surgery largely emanate from allopathic laboratories and operating rooms. But we are supposed to be self-sufficient in our older communities to entertain satisfactorily our own societies. We try to prove to our phsyicians that our surgery is better than that of the other school by virtue of our added knowledge of homœopathic therapeutics, and that the teaching in our colleges is as good as can be gotten anywhere. We doubt if in the State of Michigan, or any other State, a Homœopath would be called before the State organizations of the old school to instruct them in surgery or any other of the arts of medicine. Not but that he is able to give the instruction but he will never have the chance.

What we were going to say, however, is that we are sorry that all the work in so fine a hospital as is Grace cannot be controlled by our own profession. We do not like to see our institutions shared by the old school, we prefer to see theirs shared with us. We would like to see our doctors in all places not only capable of filling all the institutions they control but forced to expand and crowd into others rather than to see the crowding come the other way. More especially should this be so in hospitals which like Grace have come to us by the munificent bequests of believers in our system of medicine.

Editor's Table.

GENERAL NEWS.

Dr. A. A. Hoyt, formerly house physician in the Hahnemann Hospital of Rochester, New York, has located in Fort Morgan, Colorado.

A correspondent in the Journal of the American Medical Association asks, "Kindly tell me if homœopathic medical colleges are to-day teaching Homœopathy?" The answer was: "Homœopathic colleges still teach some modification of Homœopathy. In many of them the subject occupies only a small portion of the curriculum." The correspondent went to the fountain head of all knowledge of homœopathic curriculums for his information, and got an answer which is more or less correct. We would be curious to know in what colleges the subject occupies "only a small portion of the curriculum."

Dr. George F. Shears hopes to be in his new home which he has been building at 2911 Prairie avenue, Chicago, soon after January 1st.

Dr. Lewis P. Crutcher returned from his visit to Chicago via St. Louis, where he took in the German restaurant and lectured at the Missouri Homœopathic College at the invitation of Dr. Mellies.

The homœopathic department of the University of Michigan has increased its homœopathic library from 450 in 1896 to nearly 2,000 books and pamphlets. Complete sets of all the periodicals are found on its shelves.

The Homœopathic Medical Society of New York will be held in the ball room of the Ten Eyck Hotel on February 14 and 15, 1905. A banquet will be given in honor of Dr. W. H. Watson, of Utica.

The annual convention of the Grand Council of Alpha Sigma Fraternity was held in Philadelphia, December 1st, 2d and 3d. Beta Chapter of that city entertained the visiting brethren, giving them an opening smoker on the first, and a theatre party at the Chestnut Street Theatre on the evening of the third. The business sessions were held chiefly on the second day. The following officers were chosen for the coming year: Grand Alpha, H. S. W. Hardewicke, of Beta Chapter, Philadelphia; Grand Beta, G. I. Bidwell, of Iota Chapter, Chicago; Grand Gamma, M. Burk, of Gamma Chapter, Baltimore, and Grand Delta, H. V. Bingham, of Alpha Chapter, New York. It is reported that the convention was one of the most pleasant and harmonious in the history of the fraternity.

A State society for the prevention of tuberculosis has been formed in Maryland. There were 2,509 deaths from that disease in the State from October 1, 1902, to October 1, 1903. It is a worthy cause and will likely reach large proportions. The physicians of Johns Hopkins University are the chief movers in the work.

The department of history in the Johns Hopkins University received a large bequest recently.

Dr. Willella H. Waffle has been chosen one of the directors of the Santa Ana, California Hospital Association.

Dr. Edwin H. Munson, formerly with Dr. A. B. Norton, has opened an office at No. 695 Madison avenue, N. Y. He continues as Dr. Norton's assistant at the New York ophthalmic clinic.

Dr. S. C. Delap retires from the editorship of the Arena, of Kansas City, with the December issue. He practically retired from the editorship last April when that periodical abandoned Homœopathy for eclecticism. It now openly acknowledges it is an eclectic periodical.

The communication of President Royal in this issue under the head of correspondence should be read carefully. Dr. Royal suggests methods of increasing the Institute membership that are of practical value. It gets over the objection of the State societies not meeting in season for the Institute, and places the new college graduates in the hands of the executive committees of the State societies.

The committee appointed to visit the State institutions of Indiana reports that the hospital conditions are inadequate for the insane and epileptic patients, that the intsitutions for these are terribly over-crowded. Now would be a good time for our Indiana brethren to strike for a homœopathic State hospital for the insane.

W. R. Warner & Co., of Philadelphia, were awarded the grand prize for pharmaceutical preparations at the Louisiana Purchase Exposition.

The Physicians' Casualty Association of America, of which Dr. D. A. Foote, of Denver, is vice-president, is conducted solely in the interests of physicians and surgeons. It has been in successful operation for three years, during which time nearly 200 claims have been paid to physicians in twenty-six States. Its cost is less than one-half the rate of old line stock accident companies for equal benefits.

Dr. George W. Roberts has resigned from the secretaryship of the New York Homœopathic College and Hospital. His services in this position have been most valuabe in the reorganization process through which the institution has passed, but his large and growing surgical practice demanded more of his time than he could spare for the onerous duties of the secretaryship. Dr. E. G. Tuttle succeeds him.

The Homœopathic Guild in support of the Homœopathic Hospital of the University of Michigan submitted a report of the first seven years of its work on November 1, 1904. It is an association that assists in paying the expenses of the needy patients in the hospital. The report shows the Guild to be in good financial condition and doing good work.

Mr. Levi Z. Condon has resigned the presidency of the Maryland Homœopathic Hospital's Board of Trustees on account of the condition of his health. Mr. John T. Graham, of the Burnt District Commission, has been selected as Mr. Condon's successor. Mr. Graham was secretary of the board. He will be succeeded in that capacity by Mr. W. Browne Hammond. The changes took place at a meeting of the board of directors, held at the last hospital. Mr. Condon had served as president of the board since the opening of the hospital, in May, 1890. The institution, which is located on North Mount street, Baltimore, is in a thriving condition, with more applications for rooms than can be supplied.

The Ninth Annual Convention of Phi Alpha Gamma medical fraternity, was held at Cleveland, Ohio, November 17, 18th and 19th, 1904. Delegates from chapters located at Boston, New York City, Philadelphia, St. Louis, Minneapolis, Chicago, and Ann Arbor, Mich., arrived in the forenoon of the 17th, and were received by the entertaining brothers of Cleveland.

The first business session was held in the afternoon of that day. Alonzo J. Shadman, of Boston, was elected Grand President, and Lee J. Crum, of Ann Arbor, Mich., Grand Vice-President. In the evening the visitors, fifty in all, banqueted at the Cleveland Yacht Club, Dr. H. F. Biggar acting as host. Business sessions were held in the forenoon and afternoon of Friday and forenoon of Saturday. A new constitution was adopted to meet the demands of the rapidly growing fraternity.

Splendid clinics by Drs. Miller, Wood, Veits, Bishop, and others, faculty members of the homœopathic college there, were witnessed by the visitors. Friday evening a sumptuous banquet was given the visiting Phi Alpha Gamma men and students and faculty of the Cleveland Homœopathic College by Dean G. J. Jones at Euclid Hotel. A banquet Saturday night at the Euclid Hotel closed the convention. Able addresses and witty toasts were a special feature at this time. The next annual conclave will be held at Boston in 1905.

We have received very kind and encouraging words from a number of our subscribers on the general excellence of the last volume of the Medical Century. We take this opportunity to thank all those who have written us. To give a list of all names would take up too much space.

The Missouri Institute of Homœopathy is to issue its transactions as a distinct volume under the editorship of the General Secretary, Dr. G. A. Mellies.

Dr. Warren E. Putnam, of Bennington, Vermont, a graduate of the Cleveland Homœopathic Medical College, has been appointed by Governor Bell Surgeon General of the State. It was the Goveronr's first official order.

Dr. John B. Garrison has been appointed chief executive officer of the Laura Franklin Hospital.

At the Detroit Practitioners' Society of December 19th, there was discussed the medical and surgical treatment of chronic Bright's disease. The former by Dr. R. C. Olin, and the latter by Dr. Oscar Le Seure.

Dr. Eugene H. Porter, our able brother of the North American, has announced his candidacy for the office of State Commissioner of Health in the Empire State.

CHICAGO NOTES.

C. A. HARKNESS, M. D., CHICAGO, ILL.

The faculty of the Chicago Homœopathic Medical College entertained the students at a dinner Friday evening, December 16th, at the Victoria Hotel. Toasts were responded to by Dr. L. C. Grosvenor, Dr. E. H. Pratt, Dr. N. B. Delamater, and two of the students. Dr. A. R. MacDonald acted as toastmaster. On behalf of the students, alumni and faculty, Dr. Grosvenor presented Dr. Pratt with a loving cup as a token of the high esteem in which he is held by them, and to show their appreciation of the work he has done while connected with the school. The retirement of Dr. Pratt from the teaching force of the school has brought sorrow to the hearts of all his pupils, and it was the desire of all that they might show to him how much they realized the good work he has done, both in research and in giving to all the results of his thought, study and work.

A joint meeting of Eta and Lambda Chapters of Phi Alpha Gamma was held at the office of Dr. N. B. Delamater, December 9th, to arrange for the amalgamation of the two Chapters, made necessary by the uniting of their two schools. After the meeting the members were the guests of Dr. Edgar J. George, T. I. Motter and Gilbert Fitz-Patrick at a German restaurant, where plans for the new school and new Chapter, toasts and stories were given.

Dr. Burton Haseltine has been suffering with the grippe, but has now entirely recovered, and is at his office, as usual.

Dr. W. E. Boynton delivered an address before one of leading women's club in this city Monday, December 19th. His subject was "What the Lay People Should Know About the Eye and Ear." It was a very interesting and instructive address, and was much apreciated by the large audience present.

The daughter of Dr. O. B. Blackman, of Dion, Illinois, was recently married.

Dr. W. B. Carolus, of Sterling, Illinois, goes to Idaho soon to look after mining interests.

Dr. C. M. Hazelton, of Morrison, Illinois, recently exhibited a combination chair and step-ladder of his own invention at a medical meeting.

Dr. C. D. Collins, of Chicago, has recently gone South to locate his mother in a favorable place for the winter months.

Dr. Collyer, of West Chicago, has recently been added to the Materia Medica department of Hahnemann Medical College.

Dr. A. L. Blackwood was recently married to a Miss Evans, of South Chicago, Illinois.

The plan to put the appointment of the members of the staff of Cook County Hospital under civil service rules has been abandoned by the county board owing to the opposition encountered. The physicians did not like having to fight for the places, and many of the best refused to take the examinatinn. A board consisting of physicians has now been selected, and this board, which is composed of twenty-five of the best men in the county, is to act as a consulting staff, and is to select seventy-one others, who will serve as an attending staff for six years, each one of the seventy-one being compelled to visit the hospital three times a week. Among those upon the board are Drs. Shears and Cowperthwaite.

Dr. Burton Haseltine was recently the guest of the Michigan City Medical Association, an old school organization, and delivered an address before them. A Michigan City paper has the following to say in regard to him:

Dr. Burton Haseltine, of Chicago, delivered a lecture in the library, Sunday, to the Michigan City Medical Association, on "Tonsils." The lecture was very instructive and was highly appreciated. Dr. Haseltine is senior professor of the department of nose and throat in the Hahnemann College, and his talk was illustrated by mounted specimens and instruments.

The meetings of the Chicago Homœopathic Medical Association are being held this year as last, at the Northwestern University building, and are being very largely attended. They come the second Thursday of each month.

Dr. H. B. Pelton, who was formerly located at Yale, Mich., has removed to this city, and has opened an office at 418 South California avenue.

Plans are being made to continue the Chicago Homœopathic Hospital as a private institution. Some of the leading West Side Homœopaths are behind the movement, and it will no doubt succeed.

The long looked-for and desired union of the Chicago Homœopathic Medical College and Hahnemann Medical College of Chicago has at last been consummated. Ever since the time when the Chicago Homœopathic was founded as a result of dissatisfaction with the older school, efforts have been made to unite the parent and offspring, but never until lately has it been possible for the faculties of the two schools to agree on the terms whereby the amalgamation should occur. Lately, it has been realized by all that the good of Homœopathy demanded that we have one large school in this city instead of two medium in size. While the plans have been under consideration for several months, it was only recently that it was possible to close the arrangements. The announcement of the amalgamation came unexpectedly to many. The two schools will be united January 1st, and after that date all the lectures, clinics and laboratory exercises will be held at the Hahnemann Medical College, the equipment of the two schools being united. It was deemed best to use the buildings on the south side as they are more modern and are in one of the best locations in the city. Clinical material will be more abundant than ever. The combined faculty will be the strongest in any homœopathic college in this country, and equal to that of any old school. Laboratory facilities will be increased, and the new school will be the largest and best homœopathic college in America. Most of the faculty of the Chicago Homœopathic Medical College will be found at Hahnemann. It is understood that the combined colleges will soon become a part of the University of Illinois. Homœopaths may well be proud of this combination, and they may depend on it being a strong factor in Homœopathy, an active worker for the law of similars, and may rest assured that the new school will take a position in regard to requirements for entrance and graduation higher than that of any homœopathic school in this country at this time. It is the intention that the diploma of this school shall admit the holder to the highest grade demanded by any State board of health.

Dr. Claire F. Metcalf was recently married to Miss Netta Ward, both of Hahnemann Medical College. They will be in their new home at Houston, Texas.

Dr. John E. Guy, of Woodstock, Illinois, was in Chicago recently. The Doctor's mother was ill in the Hahnemann Hospital.

Preparations for the next meeting of the American Institute of Homœopathy are going rapidly forward. Subscriptions are now being taken for the defraying of expenses.

By the advice of President Foremann, of the Board of County Commissioners of Cook County, the selection of the medical staff of Cook County Hospital has been placed under civil service instead of the appointments being made by the County Board. This means that positions on the county staff are to be secrued only after taking the civil service examination. The day was set for the examination but the examinations were prevented by an injunction by several of the interested physicians. Physicians who are opposing the civil service examinations belong to the three schools of practitioners, and all insist that the plan of civil service examinations is unfair and unwise. First, because it discriminates against the older and more competent practitioners, and second, because there is no remuneration whatever attached to this service, and it properly does not come under civil service. Since the securing of the injunction, the board has appointed a special meeting so that the dissatisfied doctors may have an oportunity to present their views. It has been asserted that if the examination were permitted to go on it would discriminate against two of the leading universities and favor a third.

A number of small-pox cases and deaths have occurred within the last few weeks.

In this connection it would seem that it would be well for the homœopathic physician to take some time and teach our friends of the other schools of practice how to perform a decent and clean vaccination. If there is any one thing that could be done to prejudice the public against vaccination, it is unwarranted filthiness of the wholesale public vaccinations. There are a number of public vaccinators who make absolutely no antiseptic preparation of the arm, and one of them admits that he is so ignorant of the use of an antiseptic that he can not secure successful vaccinations when he uses them So far as can be determined, none of them are Homœopaths. These men are doing infinitely more to damage the cause of proper vaccination than all the internal vaccinationists ten times over.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The Seventh Annual Meeting of the Washington Homœopathic Medical Society was held at the Shoreham Hotel Friday and Saturday evenings, December 9th and 10th. These meetings have become quite a feature of the winter season, and are looked forward to with interest by the Washington members of the Society and by others within easy reach of Washington.

On Friday evening the opening address was given by Dr. S. S. Stearns, in which he outlined the object of the meeting, and gave a slight review of Homœopathy. He considers Hahnemann gave the greatest blessing to the world that has been given since the Sermon on the Mount. He advised Homœopaths to be steadfast and loyal to the cause. He then introduced Dr. Clifford Mitchell, of Chicago, who read an exceedingly interesting and exhaustive paper upon "The Urine as Indicative of Disease." He thinks the first consideration is the proper collection of urine, and advises that all that is passed in twenty-four hours should be saved in divided portions, beginning after breakfast and saving the day urine in one portion and the night urine in the other. He thinks it well to provide bottles for the patient in order to have them absolutely clean. He considers it very necessary in making a diagnosis of disease through urinalysis, to know something of the patient's habits; whether he be a hearty eater, a high liver, or more abstemious in his food and drink. There are certain diseases, as, for instance, those of the heart, in which the night urine is decidedly increased in quantity. If there are no casts or albumen present, when the night urine exceeds the day urine, look to the bowels for constipation. Casts may occur in urine passed after meals and at no other time during the day. High color and low specific gravity may mean pernicious anæmia and not nephritis, even if casts and albumen are present. It is not unusual to find sugar after the noonday meal and at no other time in the twenty-four hours. If there is any doubt, cause the patient to eat quite a little cheap candy, then examine the urine and sugar is very apt to be present, if it is there at all. The quantity of urea is not always to be depended upon as indicative of a possibility either for or against future convulsions, as the quantity may rise just before puerperal convulsions. To test for albumen, test while the urine is fresh, it is best to filter it first. Sudden increase in the amount of albumen is an unfavorable symptom. Guard children against infectious diseases, as nephritis is very liable to follow many of them. When nephritis and cardiac lesion exist in the same patient, if the urine is high colored the nephritis is secondary to the heart disease; while if the urine is light in color, the nephritis is the primary trouble and the heart involvement secondary.

The paper was highly appreciated and enjoyed by all present, and Dr. Mitchell was congratulated on the clear and forcible way in which he presented the subject.

Dr. T. L. Macdonald spoke of renal insufficiency in surgery. He mentioned the many trying complications with which the surgeon has to deal owing to diseased kidneys in patients requiring operation. He spoke of some of the remedies used in stimulating kidney action, and recited a case which has recently been under his care.

Dr. J. B. G. Custis read a short paper upon "The Urine as Indicating the Remedy." He believes that all specialists merely prove the law of similars in their application of special remedies to special conditions. He mentioned certain remedies, as, for instance, Gelsemium, when the urine is copious; Nitric acid in certain conditions in which the urine has a strong odor; Mercurius corrosivus, when casts or albumen exist in the urine, etc.

Dr. Richard Kingsman spoke upon the nephritic complications in pregnancy. He believes in having the urine examined early in pregnancy, and monthly during the first five months, after that semi-monthly. He does not consider the presence of albumen serious unless casts are present with a low urea. He spoke of the toxæmia of pregnancy.

Dr. William R. King read a short paper upon the significance of urinary characteristics to the ophthalmologist. He advises the examination of urine in every case of retinitis treated by the specialist. He also mentioned several cases in which he had been able to diagnose albuminuria by the condition of the retina before the albumen and casts had been found in the urine.

Dr. Charles A. Davis spoke upon the urinary complications in nervous diseases. He mentioned the changes occurring in the urine in hysteria, chorea, melancholia, epilepsy and insanity.

The Society then entered upon a general discussion, in which Dr. J. S. Barnard, of Baltimore, said he believed we must prove drugs under the care of the specialists, as that is the only way in which we can get an accurate knowledge for future use.

Dr. A. K. P. Harvey believes diet to be of great importance, and spoke of the use of dechlorinated food.

The discussion was then closed by Dr. Mitchell.

The meeting adjourned to partake of a buffet lunch, which was highly appreciated.

Saturday evening the introductory address was given by Dr. J. B. G. Custis. He spoke of the results of homœopathic treatment as compared with those of the other school, and believes these results depend upon our knowledge of drugs. Over $51,000 was spent last year by the Bureau of Animal Industry in the study of tuberculosis; over half of this amount was spent in the stndy of bovine tuberculosis. The Doctor then introduced Dr. Howard Percy Deady, of Liberty, N. Y.

Dr. Deady read a very interesting paper upon "The X-Ray as Applied to Diagnosis and Treatment of Tuberculosis." He illustrated this with a number of lantern slides, which showed quite plainly the areas of consolidation, also cavities in affected lungs. He produced two patients who had been entirely cured, one of whom had lost almost the entire use of one lung, but fibrosis had been established to such an extent that there was no continuation of the disease to the sound lung. These two patients were examined by the use of the X-ray by the Society, and the present coindition of their lungs was clearly shown. Dr. Deady considers the X-ray very valuable in cleairng up doubts and confirming diagnoses. Miliary tuberculosis is shown before it is possible to detect it by the ordinary methods. He believes the X-ray treatment is of value, especially in the cases known as bleeders; not so much for use during actual hæmorrhage as for those who are losing a little blood all the time. He believes in short time exposures to avoid X-ray burns, three to five applications per week. He recited three cases thus treated with good results. One of the patients whom he showed to the Society had suffered with rheumatism, but after the contraction of tuberculosis the rheumatism entirely disappeared and it never returned. He also spoke of the outdoor treatment of tubercular patients at Liberty, N. Y. He finds twenty-four hours per day in the fresh air to be of decided benefit. He says the patients seem to be immune to colds. They must be kept warm and dry, however. He prefers the second floor porch with a southern exposure when possible, and it should open into a warm room for dressing. He believes in the use of different weight wool underwear the year round. He would advise complete inactivity of the patient for the first week after entering upon the treatment, then would gradually give him light exercise, and increase it as his strength will allow.

The discussion of this paper was exceedingly valuable. Dr. Thomas L. Shearer, of Baltimore, believes that the time will come when tubercuolsis will be stamped out; he does not look for it within the present generation, but is hopeful for the future. He considers a bronchitis limited to one side of the chest always suspicious and usually tubercular in his experience.

Dr. J. B. Garrison, of New York, spoke upon the therapeutics of tuberculosis; he believes in individualizing in all cases. Infancy and childhood are the best times to guard against the infection. He thinks measles frequently produce a starting point for the disease. Would watch children with enlarged glands of the neck. Among the remedies he spoke of Silica, Calcarea carbonica, Bromine, Graphites, Carbo animalis, Phosphorus and Sulphur, the last two to be used with caution in order to avoid aggravations.

Dr. Robb, of New York, spoke of tuberculine avian (chicken tuberculine) as curative of tuberculosis following measles.

Dr. Williams, of Hot Springs, Va., would advise patients who are seeking high altitudes, as those of Colorado, to journey across the plains in carriages, or on horseback, if possible, if not, at least, in easy stages by the railroads, taking as much as one or two months to travel from the Mississippi River to the mountains, as he considers the shock of a sudden ascent to be of great detriment.

Dr. Roberts, of New York, spoke of bone tuberculosis of children. He does not find remedies make much difference with it, but considers free drainage (if fluid is present) and absolute rest of the affected joint will produce a cure.

In answer to a question regarding diet, Dr. Deady spoke well of the Russell Emulsion, but finds it more useful if given at least an hour after the meal.

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Surgery.

WHAT A SURGEON SHOULD SEE.*

PROF. CHAS. E. WALTON, M. D., PULTE COLLEGE.
CINCINNATI, O.

In Grecian mythology there was a giant of vast strength named Argus. In the early age he was said to have four eyes; at a later time he was held to have many eyes; hence the significance of the expression "Argus-eyed." After he was slain by Hermes, Heva, who had set him to guard Io, transferred his eyes to the peacock's tail.

The ancient legend suggests the thought that the modern surgeon should be Argus-eyed, and that his insignia should be a peacock's tail.

He should have an eye not only in each finger tip, but also in his thumbs; he must have a microscopical eye as well as a clinical eye; he must perceive with ear, and tongue, and nose, and to this collection he must add the operative eye and the reflective eye. He must see with every special sense; he must see with his whole mind. He must see when to operate and when not to operate; when to medicate and when to employ a masterful inactivity. Before his psychic eye the tissues become transparent, and every organ stands revealed. No "blind leader of the blind" can be allowed to direct his efforts. He must show results to be seen of men.

He must see both ends of a sensitive nerve, that he may appreciate the significance of pain and not waste his efforts upon an area of distribution when the area of origin demands his attention.

He must see a distended bladder as well an an ovarian cyst; a pedunculated fibroid as well as a floating kidney; an impacted colon as well as a cancerous or tuberculosis mass; a hernia as well as a varicocele; an aneurism as well as an abscess; a salivary calculus as well as an adenitis; an ectopic gestation as well as a pelvic abscess; a psoas abscess as well as a hip-joint disease; a polypus as well as a pile; a congenital dislocation as well as a morbus coxarius; a fractured rib as well as a pleural inflammation; a bubo as well as a hernia. He must see what is not as well as what is; must see the "similimum" as well as the knife.

There is nothing new in all this, but it is of value at times to be told what is expected of us, that we may not lose sight of the standard of judgment with which we are consciously, or unconsciously, measured.

Let me tell of a few things I have seen. It may serve to widen the vista of others.

I have seen a spina bifida, four arches gone, the cord covered by the thinnest of membranes. Applications of Collodion for protection, of Z. O. rubber plates for support and injections of Morton's fluid after aspirating the spinal fluid. Cured the spina bifida, but an enormous hydrocephalus developed. The next time I will see the possibility of such a result and endeavor to make a choice of the two evils.

I have seen a large ovarian fibroid which, by pressure on the rectum, had so weakened the anterior wall that perforation of the rectum followed eight days after removal of the tumor and a fœcal fistula was established through the abdominal incision. Did such a possibility ever occur to you?

I have seen the result of long continued truss pressure over an inguinal hernia so condense the tissues as to distort the anatomical relationship of the parts to such an extent as to turn a simple herniotomy into a difficult operation, and to cause a varicocele with veins so damaged that the removal of the varicocele resulted in the sloughing of the tunica vaginalis with a most annoying protraction of the recovery.

I have seen a violent puerperal sepsis follow an overlooked rent in the vaginal fornix.

I have seen a four months' fœtus extracted minus a head, and found the head in the uterus with an exploring finger after the forceps and curette pronounced the womb all clear.

I have seen a distended bladder simulate an ovarian cyst that had been removed eight days before.

I have seen a large cystic kidney duplicated by a similar kidney on the opposite side.

I have seen a calculus in the pelvis of one kidney before death and in the other kidney after death.

I have seen a broken incisor buried in the roof of the mouth.

I have seen a four-inch hat pin removed from the urethra of a man whose wife was not a milliner.

I have seen medical cases of appendicitis where it would be malpractice to operate, and operative cases where it would be criminal to medicate.

I have seen phlegmonous erysipelas treated for mumps; renal colic treated for obstruction of the bowels; pregnancy treated for tumor, and a tumor treated for pregnancy.

I have seen Podophyllum 6x cure a prolapsed rectum in a child where astringents locally for two years had failed.

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*Read at meeting of Southern Homœopathic Medical Association, Louisville, Ky., 1904.

I have seen Lachesis 30 remove the extreme pain of a septic finger when the patient slept into an aggravation. I have seen this same remedy bolster up a weak heart, with a similar aggravation, in a case of gangrene of the foot.

I have seen Carbo vegetabilis save a life that intubation had failed to rescue.

From these observations I have learned that failure of ossification of spinal arches may be accompanied with some failure in cranial vault; that an ovariotomy case may present an unexpected complication; that a truss may do more damage than a herniotomy; that a vagina may be lacerated as well as a cervix or perineum; that the finger is better than the curette for exploring the uterine cavity; that a catheter is as useful as a thermometer after laparotomy; that plenty of urine can be secreted from two badly damaged kidneys; that a stone in one kidney does not imply the immunity of the other kidney; that a broken tooth is not always spit out or swallowed; that a pin cushion is not the only receptacle of a hat pin; that appendicitis is both a medical and a surgical disease; that mistakes in diagnosis are not confined to young practitioners; that a knowledge of Materia Medica is just as valuable to the surgeon as to the physician.

Gentlemen, what have you seen and what have you learned?

SURGERY IN NEURASTHENIA.

BY C. E. FISHER, M. D., LITTLE ORLEANS, MD.

Neurasthenia is so clearly a functional disturbance that it seems upon first thought difficult to find a place for surgery in its treatment. It belongs among those ailments which require for their correction moral, hygienic and sanitary agencies, rather than doses and knives. Medicine, however, holds a legitimate relation to its general management, and surgery comes into play in connection with the removal of causes.

Neurasthenia arising from pathological irritations and changes becomes strictly a surgical ailment. For instance, in women there is a neurasthenic state which is neither hysteria, epilepsy nor hystero-epilepsy, in which the ovaries are at fault. Through sexual disappointment, through either criminal or accidental blightings of their functions, through traumatism, colds taken at menstrual times and from other causes, the ovaries become congested, engorged, irritated, inflamed and a multitude of reflex phenomena follow.

There may be hypertrophy or atrophy.

There may be excessive sexual appetite or the reverse.

There may be amenorrhœa, dysmenorrhœa, menorrhagia or no appreciable disturbance with the menstrual function, and yet the woman may be strung up to the highest key and her health be wretched.

Here is neurasthenia of ovarian origin, and unless hygienic and medical influences correct the conditions her health may become permanently impaired and the woman who suffers this type of reflex may be hurried to an early grave.

In surgery lies the salvation. Ovarian enucleation may be demanded. With the various procedures necessary to this result this paper has no bearing. It is enough to call attention to the fact that in a fair share of cases coming under my observation the ovaries are the etiological factor and require surgical attention—either removal, freeing from adhesions incident to inflammation and displacements, removal of small cysts and, in general, attention to any pathological condition which may be found to exist.

I am utterly opposed to indiscriminate diagnosing and operating.

The longer I practice and the more carefully I review my cases in deciding upon their treatment the less frequently do I unsex my women patients. Nor am I alone in this, the general consensus in the profession today being against the "job lot" oophorectomy and ovariotomy of a few years ago.

Next to the ovaries the external genitalia, especially in unmarried women, are the site of sexual irritations that result in neurasthenia.

Of the unhooding of the clitoris we have had volumes of good essays and philosophical utterances within the past decade or two.

That the subject has been hackneyed and that greater importance has been attached to this little organ than it deserves, is my belief.

Yet many a young woman has her nervous system knocked to pieces and her health undermined because of an adherent foreskin.

The reflexes that this state produces, when it really exists, are almost "too numerous to mention."

Headache, despondency, nervous exaltation, religious mania based upon the sexual thought, excited and kept aroused by the pathology of a bound-down clitoris, disturbances of the digestive organs, almost every conceivable illusion and delusion, even to the most persistent and even violent manias, have been known to arise from adherent clitoric hood.

In married women there is not the same likelihood of neurasthenia from this cause, because there is sexual relief to her in her married life. Yet in rare instances, even after the bearing of children, and long years of legitimate indulgence of the sexual appetite, the clitoris has been found to be the cause of general nervous breakdown and should not be overlooked.

In young "old maids," women in whom the sexual instinct is as legitimate as any function of her existence, how very natural that an irritation continued over a length of time, which may constantly arouse her to a passion which cannot be legitimately relieved, and which must, therefore, be held in check and suppressed, should have a bearing in producing the various reflexes that go to make up the condition under consideration.

Many a night is spent in effort to keep down that which Nature meant should have its part in her physical and spiritual being.

Sleep is broken, the appetite is impaired in consequence of the lack of natural rest; during the day lassitude and debility, instead of vivacity and energy, characterize the patient's hours, and in time she goes from bad to worse, the causative factor remaining present and continuing to operate upon her, neurasthenia, that hydra-headed demon of despair among her sex, finally overpowering her and carrying her down into a confirmed invalidism.

These cases are to be found in these busy days among the women who work at occupations that tax their nervous strength.

Teachers, stenographers, bookkeepers and shop girls, particularly, are more likely to become neurasthenics, perhaps, because thrown more intimately, and oftentimes in unholy association, with the opposite sex.

But, by no means are these business girls and women the only victims of neurasthenia from the sexual cause.

The nervous school girl, the "sweet girl graduate," the devotee of fashion and leader of the smart set of almost every community, is just as likely to have been rendered irritable, nervous, unhappy and generally excitable and petulant if nature left her with an adherent hood which her mother, her nurse and her physician failed to release.

The remedy lies in surgery. Not necessarily in amputation of the clitoric covering, but in its release and the freeing of that delicate, sensitive mainspring to the sexual system from the adhesions which have kept it irritated and irritable through all the years of its owner's life.

The endocervicitis of a contorted or strictured uterine neck comes along in this category as a cause of neurasthenia.

Physiology tells us that the loss of one ounce of semen is equivalent in the production of debility to the loss of forty ounces of blood.

Yet how many women we meet in daily practice are continually losing albumen and mucus through these discharges!

The backaches, headaches, debilities, anorexias and despondencies that are due to this one factor are legion.

Dilatation is one of the remedies, incision another.

Dilatation without curettage is rarely required, the latter almost always demanded.

Neither are effective or beneficial unless done properly, under strictest asepsis.

In fact, neither the cervix nor uterus should ever be entered in the customary careless way in vogue in office practice.

But done rightly, with every surgical precaution incident to the most scientific procedure carefully observed, attention to the cervical canal and endometrium is sure, in well-selected cases, to be attended by excellent results.

The various rectal factors in the causation of neurasthenia have been so widely discussed in late years that he or she must be blind, indeed, who ignores or overlooks them.

Hand in hand with the ovaries, uterus and external genitalia may be said to go this organ.

Its nerve-supply and blood-supply are so intimately connected with those of the sexual system as to be practically inseparable.

Engorgements of the one frequently cause engorgements of the other.

Constipation, due not to faulty digestion, immoderate or improper eating, but to rectal torpor from nervous cause, follows so commonly in the wake of sexual disorder that it is difficult to disassociate the two.

That "pockets, piles and papilla" deserve all the prominence which they have in late years received in connection with the work and teachings of orificial surgery is held by many to be problematical.

But it has been developed by these earnest and enthusiastic members of the profession, beyond dispute, that the rectum holds a relation to nervous reflexes not before taught, and it were folly not to bear this organ in mind in inveterate neurasthenia.

One little pile may make a man or woman miserable through life.

Irritable little papillæ can drive a man crazy, and have sent many a woman to the insane asylum.

If this be true, how very likely that the same degree of rectal pathology may produce a distressing exaltation or depression of the nervous system while yet not upsetting the mind?

Surgery says, "Remove the cause."

It would be impossible to cover the entire field in the time allotted, nor is it desirable to attempt an exhaustive discussion of the subject at this time. Surgery in connection with neurasthenia is limited almost wholly to the sexual field. But in rare instances it may be found applicable in other realms. I recall one case in which the removal from the sole of the foot of an insignificant neuroma gave relief from a confirmed neurasthenia of years' standing.

In another case a lady of advanced years suffered from insomnia, flatulent dyspepsia, mental forebodings and general neurasthenia for almost ten years, to be relieved in a few weeks by the raising of an ingrowing nail and its directing in right ways.

In the case of a man who had suffered years of torment in the form of hypochondria and neurasthenia, for hypochondria is but an expression along this line, the cure of his varicose veins by ligaturing them cured all his nervous and mental symptoms.

These hints are offered for what they are worth, without attempt at extravagant emphasis.

Surgery has a place in the treatment of neurasthenic conditions, even though it is not so indexed in any volume in the library.

First diagnose the case, then seek diligently for the etiological factors, and if they come within the realm of chirurgical science and art govern the treatment accordingly and disappointment will hardly follow.

Physical Therapeutics.

All physicians employing in their practice any of the agencies comprised in physical therapeutics (electricity, X-ray, radium, phototherapy, heat, hydrotherapy, massage, vibration, etc.), are asked to send their names and addresses to Dr. Hills Cole, 1748 Broadway, New York, Secretary of the National Society of Physical Therapeutics, which organization desires to make a complete register of such physicians.

Paedology.

THE ANÆMIAS OF INFANCY AND CHILDHOOD.

BY JOHN G. CHADWICK, M. D., BUFFALO, N. Y.

(1) Simple Anæmia.—This is an impoverishment of red cells in the blood with a corresponding diminution of hæmoglobin.

It may be congenital, as in infants born of delicate or anæmic parents, or where the mother has suffered from some serious or long-lasting illness during her pregnancy. It may be acquired and found present at any period of infancy or childhood. Epistaxis and scurvy may be etiological factors, but are not common. Chronic diarrhœa, ileo-colitis or chronic indigestion are more apt to be the causes in many cases; in fact, any disease that is brought on by improper food, or disease of any of the digestive or assimilating organs are causative factors. In crowded city districts we find anæmia prevalent, due to unhygienic surroundings, bad air, poor food and insufficient exercise. Anæmia may be due in some cases to animal parasites, as from worms. But the two main etiological factors are (1) a lessened quantity of blood caused by deficient or poor food, or an interference with the food's absorption; (2) a destruction of the blood from long and exhaustive sickness, as from intestinal troubles or fevers.

The most striking and characteristic symptom is the pallor of the skin and mucous membranes. Anæmic children are usually found thin and poorly nourished; the muscles soft and flabby; occasionally, however, will you find an anæmic child having an abundance of fat. Frequently have I found this exhibited in children who have been brought through early infancy on condensed milk. This last named food fattens them, but if the child reaches puberty you will invariably find that the muscles are soft and flabby and the blood much impoverished. Anæmic children have cold extremities and a pulse that is rather weak and irregular. The digestive disturbances met with are coated tongue, poor appetite and constipation. Heart sounds are feeble, and heart murmurs may often be detected; from this fact, one should be very careful not to make a diagnosis of organic heart disease simply because a murmur is present. It may be purely anæmic in origin. The spleen may be found slightly enlarged, never to the size seen in the leukæmias of infants. Anæmic children frequently show evidences of nerve disturbance. They are sometimes fretful, irritable, and may even twitch certain muscles. I remember seeing one case of chorea that was no doubt caused by anæmia alone. These children tire easily and need to be humored. Dyspnœa may be a prominent symptom in advanced cases. Epistaxis and leucorrhœa may be present in girls as young as four years.

The course of the disease depends largely on the underlying cause. A careful search in each case should be made to find the exact cause, and if this can be removed, then steady improvement should be expected under good care, change of surroundings, outdoor life and appropriate medical treatment.

(2) Chlorosis.—This disease is frequently met with in girls about the age of puberty. In this disease we find a great reduction of hæmoglobin without a great decrease of red blood cells as in simple anæmia. There is one diagnostic feature always found present in advanced cases, and that is a peculiar greenish-yellow tint given to the skin.

No writer on this subject has, as yet, assigned any exact cause to this peculiar disease. It is true that it occurs usually about the time of beginning menstruation in young girls, but the disorders of menstruation that we find associated with this disease seem to be a result rather than a causative factor in this disease. Some writers blame heredity for its presence, but I think it plays but a small part in its production. Rather would I place as important factors grief, care, fright, together with excessive mental or physical strain. Constipation is, no doubt, a powerful causative factor on account of the resulting absorption of toxic materials into the blood.

The symptomatology differs very little from that of the preceding disorder, with the exception of vertigo, constipation and amenorrhœa. The appetite is fickle usually, but very often they will crave food, but the most undigestible articles, such as pickles, cheese, large quantities of candy, etc. From the peculiar coloring of the skin there has arisen another term for the disease in "green sickness." Headache is common. Ulcer of the stomach has frequently been met with as a complication. The amount of hæmoglobin is very often decreased to 30 per cent.

The course of the disease is invariably chronic, most cases lasting over a year.

(3) Pseudo-Leukæmia.—This disorder is believed by some to be common to infants and young children. It is characterized by leucocytosis, a marked reduction of old cells and of hæmoglobin. The spleen is found to be very much enlarged, and often the liver and lymphatic glands as well.

The existence of this form of anæmia has been denied by several of the best clinicians and authorities on blood diseases, they claiming that it should be classed among the secondary anæmias, pernicious anæmias or leukæmias.

The greater number of cases have been reported by Monti, and of these all the cases were between the ages of seven and twelve months.

The characteristic symptom is the enlargement of the spleen, and it is so great that it cannot be overlooked by an examination of the abdomen.

In Monti's list of twenty cases four proved fatal and one recovered, in which the proportion of leucocytes to the red cells had been 1 to 12.

(4) Pernicious Anæmia.—This is the most severe of all the anæmias. The tendency is to go from bad to worse, terminating fatally in the greater number of cases.

We do not often find this disorder among infants and children. In the cases where it has been observed it has usually been associated with other diseases, as rickets, hereditary syphilis, etc.

The disease is supposed to be caused on account of the great destruction of red blood cells, occurring in the liver, and that this is brought about through the agency of some poisons taken up from the intestines by the portal circulation. This theory has been explained by the large amount of iron that has been found deposited in the hepatic cells.

The symptoms are those of a most severe form of anæmia, weakness and prostration being marked symptoms. Urine is usually scanty and of low specific gravity. Emaciation may or may not be present. Fever is usually present, and, in fact, may be so high at times as to lead you to suspect that some infectious process is going on.

The course of the disease is exceedingly rapid, and its duration from five to seven months. The tendency of the disease is downward, regardless of the fact that there are times when remissions occur and improvement for a time ensues. If the disease be due in any case to animal parasites, then in this instance they can be removed and the patient improve, and later recover. But in other cases the course of the disease is downward and the loss very rapid.

Treatment of the Anæmias.

In secondary anæmia, the thing most desired is to discover the primary condition that has produced the anæmia. Attention should be given in all cases to diet and hygiene, with special emphasis on fresh air with plenty of outdoor exercise; the latter, of course, not to be indulged in to the point of fatigue. These things are of inestimable worth in the treatment of the anæmias.

Of the preparations of iron suitable for infants none is better than Pepto-Manganate (Gude). Older children may take the same preparation as adults, especially the reduced iron and iron pills.

The treatment of the symptomatic anæmias resolves itself almost entirely to the primary affection. Appropriate remedies suitable to the condition must be administered and the standard of nutrition greatly increased.

If the anæmia be caused by a great loss of blood then Cinchona is the remedy par excellence. The mother tincture should be prescribed in one or two drops doses, and repeated every few hours, gradually lengthening the intervals. The same remedy is useful in the anæmias brought on by long-standing illnesses, such as diarrhœa, suppurative diseases, etc.

Other remedies worth mentioning are Phosphoric acid, Arsenicum album and Arsenicum iodide, Ferrum metallicum and Ferrum phosphoricum.

In the treatment of leukæmia or leucocythæmia, Arsenic deserves the greatest favor. Arsenauro is a remedy that will give results in this form of anæmia. Beginning with from one to three drops after meals, increasing one drop each day until fifteen are taken three times daily.

According to Erb, Picric acid is capable of producing an artificial leucocythæmia; though this remedy has not given results in cases where splenic and lymphatic enlargements were prominent features. Natrum sulphuricum seems to be the best remedy in the cases presenting glandular enlargement.

Arsenicum and Phosphorus are undoubtedly indicated in many cases.

Much can be done in the disease by treating individual symptoms; for instance, the great exhaustion that follows severe hæmorrhages calls for Cinchona; for the cases that bleed persistently, in which there seems to be no let up to the flow, then Phosphorus will aid, given preferably in the 4x dilution, at frequent intervals. For gastro-intestinal disturbances together with their annoying symptoms, we have at our disposal Nux vomica and Sulphur. If weakness and prostration be intense then Strychnia is the remedy.

For the successful treatment of chlorosis considerable care and watchfulness will be needed on the part of the physician and the person in constant charge of the case. The majority of mild cases will improve by proper medicinal treatment; life in the open air together with a moderate amount of light exercise. Severe cases, on the other hand, will demand much rest; in fact, some cases will require a systematic rest cure with over-feeding and light massage. The diet in all cases should be highly nutritious. Albuminous foods should be the principal portion of the dietary, with nourishment between each meal and during the night hours. If circumstances will permit the patient should be sent to the country or seashore; the latter accomplishes great good in these cases.

Constipation is likely to prove the only annoying individual symptom in this disease; in the majority of these cases it is a most distressing symptom. Remedies, together with mild laxative waters, is all that will be required to relieve this condition.

Goodno speaks well of Ferrum redactum in one grain doses of the crude, or the first decimal trituration. Pulsatilla serves well in many cases, especially if the characteristic mental state of that remedy is present. The patient complains of being chilly, yet finds relief in the open air. Chilliness is a prominent symptom in its symptomatology. Menstruation scanty. Graphites is useful in patients who have the rough, harsh, dry skin found in the therapeutics of this remedy. There is obstinate constipation. Menstruation delayed and very scanty. Arsenicum suits many cases that do not yield to iron in any of its forms. Other remedies that may prove useful are Calcarea carbonica, Sepia and Alumina. The writer has had good results from the use of Gude's Pepto-Mangan, also from Hemapeptone. These remedies have to be given in large doses in order to get the required effects. They can be given after meals along with good-sized doses of the homœopathic remedies between meals and at night.

Too much must not be expected from remedies, remember that proper living, diet and exercise aid materially in the welfare of these anæmias.

WATER FOR CHILDREN; INTERNAL AND EXTERNAL.

BY SARAH M. HOBSON, M. D., CHICAGO, ILL.

In the use of water in daily life there are three points of notable neglect: 1. Water to quench thirst. 2. The daily cool shower or sponge bath. 3. The hot bath as initial treatment in many acute illnesses. 4. Frequent sponge bathing in fever. The guarantee for these hygienic and remedial measures is found in certain physiological facts.

First. All metabolism goes on in a fluid medium. There are four channels for the unused and waste products of the body, the intestines, lungs, kidneys and skin. To restrict the renewal of the fluids of the body is to lessen the body activity; witness the invigoration from a drink of water; hunger can be tolerably borne for a considerably longer time if water is taken freely. From six to eight glasses daily is a fair average for growing children. This free use of water will of itself remedy many a case of constipation. The edict of the school board last year, cutting off the drinking water supply at the public school, was barbarous. The majority of the school children of Chicago drink faucet water at home, and had better have faucet water at school than none at all. As for the suggestion that a child carry around a bottle of boiled water, he simply won't, and nobody who has ever played a game of tag will blame him for his refusal. The bubbling drinking cup is a wholesome sanitary measure, and is worthy of installation at every public drinking station. A baby often cries from thirst rather than from hunger. The rational method of giving babies enough water is to give as much as will be taken a short time (fifteen minutes to a half hour) before the regular feeding. This, ordinarily, should be warm, and, of course, either a good natural water or boiled. A half cup of hot water will often clear up a case of colic without the aid of a remedy. It would seem unnecessary (save for the unfortunate accidents now and then reported) to caution the nurse not to give the water too hot. Occasionally a mother has discovered for herself the advantage of a cold teaspoon half full, instead of leaving the spoon to heat in the water, and then trying to pour a full teaspoon of hot water down a baby's throat.

Second. Prolonged chilling of the surface inevitably results in an internal congestion, more or less widespread. A daily, cool sponge or shower bath, for a well-nourished child, most efficiently promotes resistance to sudden changes of temperatrue, and further, relieves the kidneys of extra work. Many a child who has been "predisposed to colds" has gone through successive winters with rarely a cold, by the simple expedient of dashing the chest, back and front with cold water during the morning toilet. For babies, until the cord is off, the bath consists of an oil rub in a warm atmosphere; when the navel is wholly healed, the baby's bath is of warm water, still in a warm, draughtless room. This bath should gradually be cooled, and kept as cool as the child will endure without shrinking, and maintain a good body glow after the rub. I have found babies kept in the daily hot bath until three or four years, with never a dash of cold water, because "that would be cruel." The cruelty, rather, is to deny them this simple means of resistance to our sudden changes of temperature. A fifteen cent bath thermometer is a good investment for experiment. The common classification on the bath thermometer ranging from "cold" at 43° to "hot" at 105°. Better than a thermometer is the sensation and reaction of the child. The bath should be a pleasure. Any normal child likes to splash in the water; let him go, if need be, into a warm bath, and cool it off, then follow the oil rub with a light spanking over the whole body, until the skin glows. There is no better morning occupation for the nurse or mother than the personal supervision of the children's bath until they are six or seven years old, when they may be trusted to take it alone. Many a child at three will take a cool spray without remonstrance. There should be no puny children in a well-ordered household.

Third. In giving a hot bath at the onset of a cold, a suspected case of eruptive fever, bronchitis or pneumonia, in a case of convulsions or fever of unknown origin, a cool application should always be made to the head, while the child is in the hot bath. The nape of the neck is a convenient point of application. With a child unconscious in convulsions the thermometer, the back of the hand or the elbow must be made a test; but in ordinary cases the water should be as warm as is tolerated by the patient. Many an incipient fever is averted by a hot bath, copious draughts of water, and frequent sponging during the first twenty-four hours.

Fourth. The frequent sponge bath, the hot pack, the cold pack, the spinal pack, the ice coil, each has its ardent advocates. The choice is determined by the comfort of the patient, and the success lies largely with the skill and the faithfulness of the nurse. A child of two in convulsions in the first twenty-four hours of meningitis had a fever of 104° after four hours of remedies and two tub baths. After each tub, the fever fell for a little time only. A continued cool application at the nape, changed every five minutes, reduced the temperature two degrees. If the temperature in pneumonia can be kept below 103°, the prognosis is good. While alcohol added to the water is generally most acceptable, both from its rapid evaporation and its pleasant aroma, still a baking soda solution is very effective and within the reach of all. It is well to specify "baking soda." Thoughtlessly, I left an order once with a mother to give "a soda water sponge," and came back to find an erythematous skin. The woman "used baking powder in her cooking," and had used washing soda for the sponge bath.

The progress of physiology during the past fifty years has gone far to reduce to a minimum the use of drugs. This is particularly true with children in whom the normal processes are active, and the tendency of the body cell is to recover its normal balance. Hydrotherapy, thermotherapy, mechanotherapy have rapidly invaded the field of drug-therapy. Preventive medicine, though not lucrative, is progressive.

Gynaecology.

INFLAMMATION OF THE UTERINE CERVIX.

BY HOMER I. OSTROM, M. D., NEW YORK.

To adopt a rational system of treating inflammation of the uterine cervix, it is essential to have a clear understanding of the nature of the pathological processes that underlie the disease manifestations, for without such knowledge scientific exactness is impossible, and success will not be attained.

It is necessary to clear our minds of the impression conveyed by the older conception, that ulceration and tissue destruction form a part of the process. Even the name erosion must be discarded as a generic term, for the superficial denudation that this indicates is neither a necessary part of the pathology nor a constant feature of the clinical history: on the contrary, there is no less of tissue, save as the result of nutritive changes, or mechanical causes that may be locally operative. The pathological process is represented by hyperplasia of the mucous glands of the cervix by a simple multiplication of otherwise normal cellular elements, and when molecular necrosis attacks this adenomatous mass it is because the rapidity of growth has failed to form a circulating system that is able to withstand pressure or injury, hence it is deprived of nourishment with resulting destruction. Denudation of the epithelial covering of the cervix—erosion—is due to a chemical alteration of the natural secretion of the cervical canal, or of the vagina, or to mechanical removal. The epithelial cells proliferate rapidly, and as a consequence, do not form the natural protective covering that they do in health, but their removal to the extent of exposing the underneath structures is not an inherent part of the pathological process. While, therefore, inflammation of the lower segment of the uterus may present an eroded surface, or may become even deeply ulcerated, neither of these terms are accurately descriptive of the pathology, and when employed should be used only to qualify the actual neoplastic development, as eroded glandular, hyperplasia, or ulcerated cervical adenoma.

We, therefore, have as the basis upon which to build a rational system of treating inflammation of the lower segment of the uterus that has passed beyond the initial stages of hyperæmia and congestion, a pathology that expresses itself in an increase of tissue by means of an unnecessary and lawless multiplication of local cells, and a corresponding augmentation of their functional activity. The racemose glands of the cervical canal and of the external os become invaded, and a cervicitis thus develops a true adenoma; neoplasm, in the sense of being an independent growth.

The lower segment of the uterus extends from the internal os above to the external os below. It is composed of dense unstriped muscular fibers surrounding a canal, the cervical canal, that is lined with mucous membrane continuous with that of the uterine corpus, and at the external os, with the covering of the portio vaginalis. About one-half of the cervix extends into the vagina, to the portio vaginalis. This is covered with mucous membrane, while that part of the lower segment of the uterus that is situated above the vaginal fornices is covered with serous membrane, the peritoneum.

The lymphatics of the lower segment of the uterus are very numerous, and after minute ramifications and anastamoses on the sides of the uterus, empty into the large lymphatic glands situated at the bifurcation of the common iliac arteries.

The chief pathological and clinical interests in inflammation center about the epithelial cells of the mucous membrane that covers the cervical canal and portio vaginalis, and that lines the numerous glands that the membrane contains. The epithelial layer of the cervical canal is thicker than that of the corpus, and is thrown into folds, plica palmatæ. The cells are ciliated columnar almost down to the external os, where a sudden transition into laminated squamous epithelial cells takes place, that being the form that characterizes the covering of the vagina.

Embedded in the cervical mucosa that is covered with columnar epithelium are numerous glands, glands of Naboth, for the most part of simple construction, that secrete a viscid alkaline mucus. With the transition of epithelium at the external os there is an absence of glandular development, the acid mucous of the portio and vagina being the result of shedding of superficial epithelial cells, and is in no sense a secretion.

These brief anatomical memorabilia bear in intimate relation to the pathology of inflammation of the lower segment of the uterus, and in a peculiar sense determine its clinical history. Two structural facts stand out in bold relief, the presence of an immense number of glands in the cervical mucous membrane, in the virgin estimated to be over 10,000, and the abrupt transition of cellular type that takes place at the external os. Glandular tissue is especially susceptible to the impressions which are active in inducing inflammation of the cervical mucosa and the resulting glandular hyperplasia, and the orifices of the body, where transition of cellular type takes place normally, offer points of least resistance to the influences that make for erratic cell development, there being in such situations an absence of cellular stability. We cannot fail to be impressed with the significance of these facts in view of the frequency with which the most malignant neoplasms seems to have their genesis in simple glandular hyperplasia of the cervix. In the beginning there is probably little to mark the loss of physiological habit and the adoption of independent methods of growth that are at variance with the organic plan, but there are constantly increasing clinical data to show that a cellular life incompatible with health, and that if continued invariably leads to general toxæmia, and destruction may arise in rapidly proliferating cells, and in those in which naturally the forms are not firmly fixed.

Inflammation.

Inflammation of the lower segment of the uterus attacks primarily the mucous membrane of the cervical canal, and from there spreads to that which covers the portio vaginalis. The structures upon which the process is next expended are the epithelial lining of the mucous glands first, and the interglandular stroma of the embryonal connective tissue second. The result is a hyperplasia of glandular tissue, a multiplication of structures with, however, no more change in them that is necessitated by their rapid growth. There is thus at first a simple endocervicitis, but this process is not long confined to the superficial layers. By over-stimulation, hypernutrition, there is soon a rapid multiplication of epithelial cells both of the endometrium and those lining the glands, and the pathology is then represented by glandular hyperplasia, a typical adenoma.

Proceeding still further, and as the result of chemical or mechanical destruction, the surface is denuded of its epithelial covering, and the condition of erosion of the cervix is presented. As the growth increases, the embryonal blood channels become occluded by pressure, and in consequence the outermost parts of the neoplasm are not well nourished, hence molecular necrosis attacks the growth, but this rarely involves the deeper parts. That the ulceration remains superficial, even though the glandular hyperplasia may be extensive, speaks against malignancy, and may be looked upon as a valuable point in differential diagnosis.

The etiology of inflammation of the uterine cervix is inseparably associated with the invasion of micro-organisms and their behavior at the point of attack, but a predisposing cause will always be found in some factor that reduces tissue resistance and thus establishes a locus minoris resistentiæ.

The predisposing causes of inflammation of the lower segment of the uterus are constitutional and acquired. Among the former scrofula and the uric acid diathesis occupy prominent positions. Both induce chronic inflammations and glandular hyperplasia. Among the acquired causes that reduce local "tissue tension," and so favor the invasion of micro-organism, is an alteration in the normal alkaline secretion of the cervical glands, resulting in an irritation of the parts over which the secretion flows; but the lacerations of parturition are probably the most potent factors in the etiology of cervical inflammation. These injuries to the genital canal first expose surfaces for the invasion of micro-organisms, and second, permit ectropion of the cervical mucous membrane with the pathological changes that result in cervicitis, glandular hyperplasia and adenoma. Any injury of the os or cervix, such as is liable to attend mechanical abortion or too forcible dilatation, may also provide fertile fields for the invasion of micro-organisms, and too vigorous local treatment of a cervicitis may convert a simple pathology into one much more complex. Chemical changes in the secretion from the vaginal mucosa may also be looked upon as predisposing conditions that favor the development of bacterial life. The natural secretion of the vagina is acid, and is antagonistic to the life of pathogenic micro-organisms; only the vagina bacillus can live in it, and if for any reason this secretion becomes alkaline, as occurs normally after parturition, when the bacilli are conspicuously absent, a barrier against infection is removed, at the same time that parts naturally bathed with an acid material are subjected to an alkaline secretion.

The diagnosis of simple inflammation of the uterine cervix is easily made, but the recognition of the severer forms, approaching as they do the morphology of atypical neoplasms, when the question of malignancy presents itself, is sometimes attended with embarrassment. The differentiation then becomes a matter of vital importance, for upon it will be based the treatment adopted, whether for a benign or for a malignant disease.

The simple forms of inflammation, cervicitis, give to the examining finger nothing more than a sensation of unusual heat of the entire portio, and a velvety feeling of the os. Through the speculum, for this examination I prefer a bivalve speculum, with blades of equal length, the mucosa of the os is seen to be congested and red at times, the congestion reaching such a degree to give rise to superficial hæmorrhage upon the slightest touch of the finger or instrument. The mucous membrane of the cervix may, even in the early stage, bulge from the cervical canal, producing avariable degree of ectopic mucosa. The nulliparous os remains small, but the multiparous os is usually lacerated and wide open, cervical catarrh being present in both states.

There is a well-defined line of demarcation between the morbid and the healthy structures in all varieties of cervical inflammation. This is an important feature, for it is one not found in malignant or infiltrating processes. It serves, therefore, as a valuable diagnostic point between all varieties of benign inflammation and malignant diseases of the lower segment of the uterus.

As the inflammation advances it becomes more distinctly an adenoid growth by reason of involvement of the cervical glands. The os then presents a papillary appearance, the surface being irregular and divided into sulci, which radiate from the os outwards. The sulci are sometimes so deep as to permit a probe to be carried some distance between the projecting ridges of tissue. The surface is highly vascular, but unless removed by mechanical means, is still covered with a thin layer of epithelium, which, however, is easily detached, giving rise to more or less active capillary hæmorrhage.

As would be expected, the cervical glands are excited to increased activity, and in consequence the surfaces are bathed with mucus, which, according to the degree of congestion and neurosis, contains blood and necrotic tissue. Notwithstanding that the glandular hyperplasia which has now developed, projects beyond the level of the portio vaginalis, and may become eroded or ulcerated, the boundary between healthy and diseased structures remains distinct.

This stage and that of polypoid growth, which is merely an exaggeration of the papillary development, are sometimes difficult to distinguish from epithelioma of the lower segment of the uterus. A careful consideration of three points, however, will go far towards establishing a differentiation. (1) The sharp boundary line between healthy and diseased structures already referred to; (2) the friability of malignant tissue shown in curretting, but more characteristically when dilating the cervix. The cervical walls are then found not to stretch but to tear, there being an entire absence of elasticity; and (3) the sensation of fixedness of the mucous membrane of the portio vaginalis that is observed even in the early stages of epithelioma. In health the mucosa moves freely over the underneath structures, but almost in the "precancerous" period it becomes more or less fixed, and communicates a board-like sensation to the examining finger.

A differential diagnosis will not be completed without the assistance of the microscope and the clinical history, but even in cases that do not present a clear picture of innocence, cases in which the microscope fails to discover a heterogeneous cell formation and arrangement, considering the uncertain line that separates benign from malignant growths, there should be no such thing as delay in adopting radical treatment; it should be impossible to watch a suspected growth of the uterine cervix.

The Treatment.

The treatment of inflammation of the lower segment of the uterus will be adapted to the variety of the disease, and will conform to the pathology present. All methods of treatment, however, will have for their basis a strict observance of the rules of aseptic surgery, bearing in mind that only the simplest varieties of inflammation of the cervix cannot with certainty be referred to the invasion of microorganisms as a cause, and even the beginning of inflammation, without doubt, may sometimes have such an etiology. Aseptic douching, therefore, will constitute a routine practice in all cases of cervical inflammation. More specifically, the treatment is local and constitutional. The local treatment to which I attach the most importance will be medical and surgical, the constitutional treatment will be medical and hygienic.

Simple inflammation of the cervix, characterized by hyperæmia of the mucous membrane, increased activity of the cervical glands without marked swelling, is readily controlled by soothing applications and strict attention to aseptic detail. It is greatly to be regretted that such cases do not more frequently come under the surgeon's observation. They give rise to few symptoms, a persistent pain in the back is the most marked, and are generally discovered during an examination made for some other condition of the pelvic organs. The surface of the mucosa is not yet denuded of its epithelial covering and infection has probably not taken place. A Creolin spray, 1 per cent. solution, cleanses the vagina, and has a positive medicinal action upon the congested mucous membrane. After this spray I very gently dry the os with pledgets of cotton and apply Adrenalin 1-1000, which is allowed to remain in contact with the parts for a few minutes. A final dusting of the os with Bismuth sub. nit. completes the dressing. This I repeat every third or fourth day, the patient in the meanwhile taking daily vaginal douches of Boracic acid, not exceeding a temperature of 100°. I look upon a hot vaginal douche, anything above 100°, as very injurious from the reaction that follows its use. Patients will accustom themselves to an excessive heat because they obtain temporary relief, but the relaxation that follows places the pelvis in a worse condition than before, and eventually increases rather than diminishes local congestion.

With this method of treatment a cure is usually effected in about two weeks. Attention will, of course, be directed to hygiene, and the correction of any digestive disturbance that may be present. Constipation is frequently associated with pelvic congestion and must be corrected. For this purpose Aloes is frequently indicated. It is not only a cathartic, acting principally on the large intestine, but also, in smaller doses, affect the venous circulation of the pelvis, relieving congestion of the pelvic organs. The liver frequently sympathizes with the local disorder, and here again Aloes will be thought of. The uric acid diathesis predisposes to congestion and inflammation of mucous surfaces, and when present must be treated by the free use of urinary dilutants and uric acid solvents.

In a slightly more advanced stage of inflammation with some swelling of the mucosa which appears œdematous and shining, application of Nitrate of silver, five grains in one ounce of distilled water, will be of service, especially if the surface is denuded of epithelium. In this strength Nitrate of silver allays irritation and assists in the process of repair.

If the glands begin to show evidence of disease, and appear as hard bodies movable beneath the hyperæmic mucous membrane, or if they have degenerated into cysts, Iodine or Iodine and Carbolic acid, equal parts, will frequently arrest the developing hyperplasia.

But with the pronounced involvement of the deeper structures, chiefly the glands of the mucosa, the indications for treatment are changed. There is then present a growth that will not readily yield to local medication. We have to deal with a neoplasm, a mass of tissue separated from its matrix and distinguished by lawlessness and independence of growth and method of proliferation.

The clear indication is removal, and the question of treatment resolves itself into a selection of the best method of accomplishing this object.

The adenomatous growth can be removed with caustics; Nitrate of silver, Chromic acid, Carbolic acid and Iodine may be used, and by repeated applications a healthy base finally reached, but this method of treatment contains several defects that speak against its general adoption. First, The inherent defect of all caustics, that they destroy tissue by causing necrosis, and therefore sloughing, with consequent suppuration. Second, The length of time necessary to remove the neoplasm, and the delay thus caused in reaching the period when the actual curative treatment begins. Third, Stimulation of the matrix cells that the caustic induces as a natural protection against its further destructive action may well be suspected of furnishing just that incentive to erratic and lawless cell proliferation that it known to mark the boundary line between the development of malignant from benign growths,' and to induce a simple cervical glandular hyperplasia to pass over into a heterologous, atypical growth.

These reasons counter-indicate the use of caustics for the removal of glandular hyperplasia of the cervix. They may be useful to meet certain conditions that develop as the case progresses, but as a preliminary measure, and one to prepare the parts for treatment, I regard such applications as out of place, and actually harmful. The hyperplastic glands and tissues are more quickly and thoroughly removed and the healthy structures reached by an operation, which will be either curettement of the neoplasm or amputation of the lower segment of the uterus, of all that portion which contains diseased glands and mucous membrane.

Curettement.

Curettement will suffice in the majority of cases. It should precede any local treatment of cervical inflammation that has passed to the stage of glandular hyperplasia. It must be completely done under the strictest aseptic precautions, for the denuded cervical structures are especially susceptible to bacterial invasion, and the removal of tissue carried down to healthy muscularis. A Volkman's sharp spoon of medium size is a convenient instrument for this purpose. The line of demarkation between healthy and diseased structures, both in the canal and on the portio vaginalis, should be observed, and no ragged edges left to slough off.

The vaginal secretion in cases that have progressed to the stage requiring operation has usually lost its acid reaction, and become either alkaline or neutral. To restore natural asepsis I swab out the vagina with Acetic acid ʒss, Alcohol ℥i, after the patient is on the table, and immediately before beginning the operation. This is only the final step in the usual aseptic technique for gynæcological operations.

The treatment after curettement will depend upon the condition of the cervix. If this is swollen and indurated, and if there is present cervical or vaginal catarrh, the hygroscopic action of glycerine will be called into requisition, and the vaginal tampon medicated with Ichthyol, or Hydrastis, or Boroglyceride may be used. But I do not advocate the routine use of the vaginal tampon. Packed against the os it interferes with free discharge from its surface, to promote which is a first canon of antiseptic surgery. In the presence of congestion or hyperæmia, a vaginal tampon serves a most useful purpose, but unless I wish to overcome these conditions I prefer to make frequent applications to the cervix, or to use a medicated cone, which dissolves and offers no obstruction to drainage of the vagina.

After curettement I do not object to some oozing from the denuded surfaces, the congestion is so relieved, and I make no applications that will constrict the capillary vessels. The only treatment necessary for the first twenty-four hours is a night and morning douche of Creolin or Bichloride of mercury, but at the end of that time I begin to treat the curetted area.

Surgeons are inclined to place gynæcological wounds in a separate class, and to look upon their treatment as involving peculiar conditions that do not belong to other wounds. There are no grounds for this. A wound of the cervix is repaired by the same processes that restore other wounds involving similar structures, and the same treatment, and the same medicines will be efficient here as elsewhere. Iodoform and Bismuth, equal parts, make an excellent insufflating powder. Ichthyol, 50 per cent., painted on the parts, if there remains or develops congestion, with redness and swelling: Hydrastis, fluid extract, if the granulations bleed easily, and the mucous membrane is dark from hyperæmia, but of still more general usefulness is Balsam of Peru and Castor oil in the proportion of a drachm to an ounce. Granulation under this application precedes with satisfactory rapidity. A tampon may be medicated with the emulsion, for there is now little danger of retaining secretions within the vagina.

Amputation of the area of glandular hyperplasia will be reserved for the severer cases of cervical inflammation; for those that open the question of a possible degeneration in cellular construction and arrangement that approaches the malignant type, and for those in which the outlying pathological zone shows a departure from the plan of simple tissue building.

Cases requiring the radical operation of amputation are necessarily the extreme expression of cervical inflammation in which the pathological histology has invaded the lower segment of the uterus outside of the structures at first attacked. The portio vaginalis shares in the morbid process, its mucosa; it will be remembered that this part of the membrane is barren of glands, has become involved by tissue contiguity, and it is usually necessary to amputate on a level with the vaginal fornices, the corresponding cervical incision being carried through the cavity of the cervix. Therefore, the technique of amputating the lower segment of the uterus for adenomatous degeneration of the cervical glands has for its object the removal, not only of the actually diseased area, but of the zone of outlying tissue, for this variety of inflammation carries with it a suspicion of malignancy that may manifest itself at the periphery of the growth by not easily recognized histological changes, hence the wisdom of cutting through healthy structures.

The patient is usually a multipara, and here is present a lacerated cervix. The glandular degeneration involves the angle of laceration, and the circular incision should be carried well above this. I first incise the cervical mucosa, the line for which is readily determined after prolonging the lateral commissures. This, with the dislocation of the uterus, everts the cervical canal, and with the lips widely separated with volsella, exposes an open field for operation. An incision is made through the mucosa that completely encircles the canal. For this purpose I find the straight blade bistoury that I use for vaginal hysterectomy a useful instrument. This incision is so directed as to form the side of a wedge. The two volsella holding the flaps, which are composed of cervical mucous membrane and hyperplastic glandular structures, are now brought together and an incision is made through the mucous membrane of the portio vaginalis that joins the first incision. The mass removed should have the form of a cone, through the center of which passes the cervical canal.

In planning the quantity of tissue to be amputated it will be remembered that the pathological process does not involve the muscularis to any considerable extent, and, therefore, it is not necessary to include more of this in the mass removed than will insure passing outside of the diseased area.

There is sometimes rather free bleeding from the surface: this will not generally delay the operation, but should it continue after placing the sutures and after making firm traction on the uterus. Adrenalin 1-100 applied on pledgets of cotton for a new minutes will be sufficient to control the oozing.

For suturing the mucous membrane of the portio vaginalis to that of the cervical canal, in this manner the operative wound is closed, I use No. 2 chromic catgut, and to avoid puckering of the vaginal mucosa, the sutures should be introduced from the canal outwards, and pass completely over the muscular structures. In doing this the cervical mucous membrane should be drawn down and stretched as much as possible to meet the mucous membrane of the portio.

The cervical structures are sometimes very friable and easily tear with the sutures. To avoid this the needle should enter the membrane well up in the canal and include some of the muscular parts of the wedge. The needle must pass uncovered across to the vaginal mucous membrane. Puckering can still further be avoided by first fixing the two membranes together at four points, as is done in amputating the foreskin, the spaces between these to be subsequently sutured. All the sutures should be interrupted.

The dressing consists in a loose Iodoform gauze packing of the vagina, more especially with the object of supporting the uterus, the ligaments of which have been temporarily weakened by the dislocation necessary to manipulate the cervix. This packing should be renewed every other day for two weeks, and if the cervix still remains enlarged and hyperæmic, a glycerine tampon medicated with Ichthyol or Hydrastis may, with profit, take the place of the iodoform gauze packing. This, however, is not usually necessary, for the operation has the effect of depleting the tissues and proves curative not only of the glandular hyperplasia, but of the local inflammation as well.

The results of this method of operating for cervical adenoma and of curetting in apropriate cases have been excellent. The local pathology is radically removed and the parts are placed in the best possible surgical condition for repair. But the ultimate results will be disappointing if we do not attack the disease dynamically; if we attend only to the local manifestations. A careful study of each case of inflammation of the uterine cervix will discover some general state that interferes with local metabolism. It will always be possible to find through the individual symptoms some indications for internal remedies that will restore the equilibrium between waste and repair that has been disturbed at the point of disease manifestation.

Homœopathic Remedies.

There is a long list of drugs to select from if we have regard to symptomatology only; but the surgeon who applies his remedies scientifically according to the law of similars, will look deeper than the mere symptoms, and will obtain as well a knowledge of the forces he uses, of their sphere of action and the method in which they expend their dynamics upon the tissues. Thus considered, clinical experience has greatly reduced the number of drugs that is actually available in the treatment of inflammation of the uterine cervix.

Among the most frequently indicated remedies and those that have in my hands yielded the most satisfactory results are the Salts of potassium. They are exquisitely similar to the pathology and symptomatically they correspond to the local and remote effects of the lesion.

Kali muriaticum exerts a specific action upon the cellular tissue and induces changes in epithelial cells that result in their desquamation from the basement membranes. This salt also causes an increased activity of the gland cells, thus augmentating secretion. The processes of Kali muriaticum are essentially chronic, and in inflammation of the crevix appear as a follicular, glandular hyperplasia. There is apt to be a mechanical erosion of the surface with a perfectly bland catarrh. The neoplasm is smooth and shining with a passive degree of hyperæmia. General anæmia is usually marked when Kali muriaticum is indicated. The uterus is heavy, and there are present heavy, dull pains in the sacrum.

Kali phosphoricum, through interference with nutrition, and because of changes in the blood corpuscles, induces destruction of the adenomatous growth. The disease may be of the variety requiring amputation of the cervix, but in addition to the hyperplasia, when Kali phosphoricum is indicated, there will be molecular necrosis and a muco-purulent catarrh. There will also be the characteristic paroxysms of sharp pelvic pain with lameness and general exhaustion. For the neurasthenia that frequently accompanies cervical glandular hyperplasia, Kali phosphoricum is well-nigh a specific, and should always be thought of when these conditions coexist.

I think of Kali sulphuricum in the milder forms of cervical inflammation before the hyperæmia is marked and before the glands have become involved. The action is chiefly expended upon the epithelial cells of the mucosa, which rapidly proliferate and give rise to a profuse yellow leucorrhœa. The surface of the os is soft and pale, and mechanical irritation is more likely to give rise to an increase of the catarrh than to induce bleeding. Because the blood is poorly oxidized, the patient, though chilly, craves the open air with the instinct of forcing oxygen into the blood.

Iodine is one of the most frequently indicated remedies in the pronounced varieties of glandular hyperplasia. There is present a well marked scrofulous diathesis to which the inflammation may be traced. The os is soft, and conveys the impression to the examining finger of papillomatous tissue that can be moved on a hard indurated base, a diagnostic sign suggestive of the earlier stages of malignancy. The leucorrhœa of Iodine is very excoriating.

Hydrastis canadensis also corresponds to the severer and more advanced forms of cervical hyperplasia in which there is a molecular necrosis, but the ulceration is superficial when Hydrastis is indicated. The catarrh is almost exclusively cervical, rarely vaginal, and is muco-purulent and tenacious. Dull pain in the back is marked, and the digestive organs sympathise with the uterine disorder.

Hydrocotyle Asiatica is indicated in the acute varieties of inflammation of the cervix. The uterus and pelvic cellular tissue are involved in the morbid process, generally secondary to the cervical disease. There is active congestion, the mucous membrane protruding from the cervix in the form of a mushroom. The principal seat of the pathological changes is in the anterior lip of the cervix. In this location, especially the mucous glands, are hypertrophied, giving the apearance of granulations. With this intense process there is an absence of tissue destruction, and the catarrh is perfectly bland. The uterus is heavy and sensitive, and there is a dull, persistent pain in the region of the left ovary. The vagina is hot and burning, with insupportable itching, but without any local lesion.

Other remedies, as Sanguinaria, Kreosote, Carbolic acid, etc., etc., etc., may be thought of, but I generally find the similimum from among the ones that I have especially referred to.

A final word as to the method of administering the dynamic remedy. That an operation is performed successfully is not a sufficient reasoning for discontinuing the use of a remedy indicated by the local and general condition that made the operation necessary. A certain state of the system existed that favored the local manifestation, and there is no reason to suppose that with the removal of the local pathology the deranged system will also be corrected.

The same faulty metabolism continues for a time after the operation, and must receive treatment by internal medication until all evidences have disappeared.

Materia Medica.

NYMPHÆA ODORATA.

BY WILSON A. SMITH, B. S., M. D., MORGAN PARK, ILL.

Years ago, so long that memory seems to end in a misty, dreamy picture, I studied medicine under an eclectic physician by the name of S. M. Payne, of Eureka, Ill. Dr. Payne was one of the many old-time physicians who took one course in a medical college and considered he knew enough to help swell the innumerable army of the dead. He probably would not state it in that manner, but the dear, old fellow, being dead, can not resent my giving what is now an honest impression, which grows stronger as the years pass by.

He was a successful physician for those days, at least, and the long country rides he had to make, over roads often with no bottom, for miles around his home town, told eloquently of the high esteem in which he was held by his people. His great forte was herbs. He belonged to that branch of the eclectic school which followed or rather sprang from the old Thompsonian idea of using nothing but vegetables in the treatment of the sick. He dug many of his own medicines and made them up according to the rude and crude ideas of the old botanic physicians. His office was a veritable storehouse of smells—different in kind—all disagreeable ones which, mingling together, made an odor once sniffed remained like the scriptural friend, "without wariableness or shadow of turning."

Among his old-time friends was one that often proved beneficial, but why it proved so the old man did not know except as he had learned from its use it benefited certain cases nothing else helped. That old friend was the white pond lily, which we call nymphæa odorata.

The nymphæa odorata grows in ponds, marshes and streams with sluggish current, found in all parts of the United States. Its flowers are very beautiful, opening about sunrise and closing at night. It has four sepals, lanceolate, green on the outside and white inside. It possesses numerous petals of the most delicate texture, lanceolate, and the stamens are numerous, yellow.

The root is the medicinal part which should be collected in the fall, freed from all dirt, and if desired to carry through the winter, carefully dried. It imparts its virtues freely to water and possesses an astringent, bitter taste. Clinical analysis discloses the fact that it "contains tannic and gallic acids, with starch, mucilage, resin, sugar, tartaric acid," etc. The old doctor's text-book on Materia Meidca, which he presented to me upon my leaving his office, was Howard's Botanic Medicine. This book, published in 1836, states that "the root of the pond lily is a very valuable article of medicine, for either internal or external use. Internally it is an astringent tonic, used in diarrhœa, dysentery, and all forms of debility. Externally it is useful in poultices, for biles, tumors, inflammations, ulcers," etc.

Dr. Payne had a most enviable reputation in the treatment of the disease peculiar to women. Among his favorite prescriptions was one about as follows: To one quart of water add one teaspoonful of infusion of pond lily root, and use this vaginal douche every alternate evening. It far exceeds anything I have ever seen used or have used since that time. It appeared to act as a tonic, as well as allay the vaginal inflammation. The astringent properties seemed to be just what a relaxed vaginal wall needed to bring it tone, and the sensation of "everything coming through the vagina" would yield to the use of this remedy very quickly. The discharge would cease, the woman would feel better, would be better, and if it was a new family it would be another added to the old doctor's clientele.

Since his day, and since becoming a physician, I have tried many remedies and many measures to find one which would be better than the old pond lily, but so far nothing has equalled it. Other preparations are nicer, I admit; the various uterine tablets, the glycoids, the medicated douches, glycerine, etc., have all been faithfully tried, and all, from the least to the greatest, have been relegated to the class of "has beens" which lumber up the doctor's office who does a general family practice.

Its medicinal action depends very largely upon the tannin which it contains, exceeding that of almost every other vegetable. In King's American Dispensary, Dr. King says: "I recollect a lady, who, several years since, was pronounced by several physicians to have uterine cancer, which resisted all their treatment; she was permanently cured by a squaw, who gave her to drink freely of the decoction of a root which proved to be that of the white pond lily, as well as to inject it into the vagina."

The yellow pond lily is said to possess about the same properties of the white, but I have had no personal experience with it, and am unable to "vouch" for such statement. It likely contains a large proportion of tannic acid, as its taste is very similar to that of nymphæa odorata, being bitter, astringent, etc., making it difficult to differentiate between the two by taste.

I believe we have lost many of the best aids in the cure of the sick in our wild, harum-scarum scramble for specifics, and from permitting the manufacturers of proprietary remedies to do our thinking. Let me beg of your readers to try this remedy in the first case of leucorrhœa and then report.

December 18, 1904.

HEPAR SULPHUR CALCAREA.

BY S. S. KEHR, M. D., STERLING, ILL.

The drug is prepared by mixing equal parts of finely powdered of the interior of the oyster shell and pure, well-washed flowers of sulphur, and keeping the mixture in a clay crucible, hermetically closed, at a white heat for at least ten minutes. The resulting compound is plainly a sulphide of calcium, and when cold, the crucible is opened and contents preserved in well-closed bottles protected from the air.

Hepar sulphuris, "Liver of sulphur," a preparation of sulphide of potassium, has been used by the allopathic physicians of Germany from time immemorial. It is prepared with potash and not with lime—sulphur, one part, and carbonate of potash, four parts. It is used to resolve exudations, as in swollen glands, etc., and is also used in obstinate skin diseases.

Hepar sulphuris calcarea was first prepared and proven by Hahnemann, being a compound of the two great constitutional remedies, Calcarea and Sulphur. Presents strong points of resemblance to each of its elements. Like Calcarea it affects the glands, and like Sulphur the skin. But like many other compounds, it differs from its constituent parts, and has an action of its own. Its range of influence is a wide one, having a special action upon the lymphatic glandular system, skin and mucous membrane of the respiratory organs.

Mental and General.

The Hepar patient is vehement; is very excitable and full of impulses. At times there is an impulse to suicide or to commit murder. Irritation knows no bounds. Discouraged and cross, and is annoyed by the recollections of the unpleasantness of his past life. Great weakness of memory. Oversensitiveness and irritability, with quick, hasty speech. Sensative to cold. All complaints are aggravated by cold. The drug causes an oversensitiveness of the nervous system. The great keynote to the drug is the marked sensitiveness to pain. Slight pains are intolerable to the patient, and may cause fainting and unconsciousness. The flesh feels sore and bruised. An inflamed part feels sore, cannot bear the touch of the hand or even of the dressing. The pains are cutting and sticking in character, jagging like splinters. A general aggravation of complaints in the evening and at night, although some conditions are aggravated in the morning. Throat troubles are aggravated during sleep and when swallowing. Ailments from west and northwest winds. The patient is a weakly, chilly, sensitive individual with a temper. Conditions tend outwards towards the skin and mucous membrane. Outward manifestations from the internal complaints. All symptoms are relieved by warmth and from wrapping up warmly. Aggravations from cold air touching the parts during sleep.

Suppurations and Skin.

The remedy is indicated in diseases where suppuration is inevitable. The slightest injury causes ulceration. Strumous enlargement of glands, especially where a cure can only be brought about by suppuration. Suppuration of long inflamed boils on the body or limbs, commencing with a blister, which is extremely sensitive to external impressions, especially to touch or to the slightest degree of cold. Adapted to scrofulous diseases, where there is more or less suppuration. If given early it frequently prevents suppuration; if given later it will hasten the process.

All the glands of the body are enlarged and indurated. They are obstinate; they will neither absorb nor break down and suppurate. Scrofulosis is a marked feature of a typical Hepar sulphur case. Ulcers are superficial, serpiginous, sluggish and slow to heal. The discharge is bloody and purulent. All discharges are offensive or smell like old cheese.

There are eruptions of all sorts on the skin. It produces a condition of non-healing of skin diseases. Every little scratch suppurates. Moist eruptions about the joints and folds of the skin. There is great itching, burning and smarting with marked sensitiveness to touch and to the slightest cold.

Head.

Pains in the head are aching, boring and soreness as if beaten, located in the temples, forehead and sides of the head; may be confined to one side of the head only, or a sensation as if a nail were driven into the brain. Headache in the root of the nose. Early in the morning or forenoon are the favorable times of headache. Motion and rising from a stooping posture produce or increase the pain. Moving the eyes increases the boring pain at the root of the nose.

The hair falls out in spots and leaves the scalp bald. Papules and pustules form on the scalp, nape and forehead, which are very sore to the touch.

Neuralgia of the right side of the face, after the abuse of Mercury or exposure to dry, cold west or northwest winds.

Bones of the face sensitive to touch. Yellow color of the face. Heat and redness of the face, especially in the afternoon. Erysipelatous swelling of the face.

Many kinds of inflammations of the eyes. Lids swollen, red and aching, worse on being touched. Ulceration of the margins of the lids and of the cornea with purulent discharge. Iritis as well as troubles of the lachrymal sac and duct are cleared up by the use of the drug. Especially valuable in onyx and hypopion. Chronic conjunctivitis with profuse muco-purulent discharge. The cases are generally of a sluggish type and anæmic. Cold air and cold applications increase the suffering in all eye complaints.

Inflammation of the external meatus or middle ear with the same characteristic sensitiveness to touch and cold. Scurfs on and behind the ears. Discharge of fœtid pus from the ears.

Nose and Throat.

The nose is swollen and sore to the touch, especially on the inside of the alæ or wings of the nose. Purulent discharge and crusts. Ethmoiditis, pains worse from 7 to 12 A. M. Sensitive to cold air. Most comfortable when filled up; burning and rawness when crusts are blown out. There are crusts in posterior nares.

Sticking as if a sliver of wood or a fish bone were in the throat, occurring on swallowing or on taking a deep inspiration; pain extending into the ear. Ulcers of the throat after enlarged tonsils have broken down; look as if covered with tallow and exceedingly sensitive. Many physicians place Hepar in the front line in diphtheria. Sensation of a plug or internal swelling in the throat when swallowing. Scratching, scraped feeling in the throat. Much saliva from the mouth, like waterbrash, with constant desire to hawk out mucus from the throat.

Hepar is indicated if the inflammation becomes croupous of the pharynx, larynx, bowels or kidneys. Hoarseness with soreness of the larynx. Rattling of mucus in the larynx at night, with deep, rough, barking, hoarse cough and suffocating spasms. This may be a catarrhal or membranous croup. Comes on after exposure to dry, cold, west or northwest winds. Respiration is so difficult that the child throws its head far back in order to straighten the air passages. The child is very sensitive to cold air, even uncovering an arm or a foot excites a coughing paroxysm. The cough of Hepar is usually worse towards morning. Cough before midnight must be moist and not dry, where there is much rattling, and the expectoration is abundant. Hepar is not a useful remedy in an incipient cold, but for the advanced stage of a cold, "a ripened cold," when phlegm has formed. A barking cough often left after measles.

Pneumonia, especially during the stage of resolution, when pus forms and there is suppuration instead of normal resolution. Also indicated in the late stage of croupous pneumonia. It may also be used where there are suppurating cavities in the lungs; and in such cases the expectoration is apt to be dirty, purulent or bloody mucus with a very offensive odor or odor of old cheese. It may bring about absorption of tuberculous deposit. Chronic hepatization of the lungs, with a tendency to perspire day and night without relief, about the chest and head, with a sour smell. Late stage of pleurisy with exudation.

Stomach and Abdomen.

Hepar will sometimes cure a case of indigestion which has resulted from a long course of mercurial treatment by physicians of the dominant school. There is an empty, weak feeling of the stomach in the forenoon that is relieved by eating. There is a great deal of bloating and tenderness to pressure of the stomach and bowels, must loosen the clothing. There is a strong desire for alcoholic drinks, for wines, for acids, and for condiments of various kinds. This atonic form of dyspepsia is relieved by stimulation. There are burning and cramping pains with bloating in the stomach and bowels, which is relieved by belching and passing flatus, Can bear no pressure about the epigastrium. Inclination to vomit with flow of saliva from the mouth. In children there is great intolerance of milk with much sour vomiting. Any kind of food, no matter how simple and wholesome, provokes indigestion. The child craves sour, and often the body has a sour odor.

Hepar, being a combination of Calcarea and Sulphur, must not be forgotten in marasmus in children. Diarrhœa is usually worse during the day and after eating cold food or drinking cold water. The stools may be greenish or slimy, undigested or white and sour; the last symptom is very important, indicating engorgement of the liver..

Hæmorrhoids arising from engorgement of the liver are readily cured by Hepar. The stools are usually painless, except in dysentery there may be a good deal of tenesmus, constipation; fæces not hard, expelled with great difficulty.

Atony of the muscular coats of the bladder. The urine is voided very slowly; it drops almost perpendicular from the meatus urinarius instead of being ejected with some force. Has to wait a long time before urine passes. For the want of tone of the bladder enuresis may result. Urine is burning and offensive, excoriates and ulcerates the prepuce.

Fibrous or croupous exudations of the kidneys. The remedy must not be forgotten for albuminous urine and dropsy following scarlet fever.

Hepar is frequently indicated in syphilis, especially after abuse of Mercury. The lesion is very sensitive with sticking, jagging pains. The patient is of a weakly constitution, not robust, chilly and vehement.

Rhagades of the hands and feet. Strumous suppuration of the joints. Stitches in the joints during rest or motion. The skin of the hands and feet cracks and ulcerates; the ulcers bleed easily, burn and throb at night. Burning and itching over the whole body, followed by nettlerash. Lassitude, weakness; fainting on slight pain. Anxious feeling about the heart. Pulse hard, full and accelerated; at times intermitting. Ailments from west or northwest winds or soon after; improved by warmth. Enlargement of the liver. Sleepiness during the daytime, worse towards evening. Thoughts so crowd the mind to prevent sleep after midnight. Painful, sore feeling on the side on which he lies at night; position must be changed. Great sensitiveness of the parts to touch, which seems out of all proportion to local manifestations of the severity of the trouble. Nightly chills in bed, with aggravation of all complaints. Dry, burning heat, with redness of the face and violent thirst all night. Sweats easily, even by slight motion. Rheumatic swelling with heat, redness and sensation as if the parts had been sprained.

PHYSIOLOGICAL AND APPLIED MATERIA MEDICA.

BY H. E. BEEBE, M. D., SIDNEY, OHIO.

Notwithstanding Materia Medica is one of the oldest branches of learning, its beginnings cannot be traced, there prevails a growing lack of confidence in drug therapy. This skepticism is not confined to the profession alone, for the laity is becoming tainted with the same belief. The question has simply come to this: Is there, or is there not, anything positive in the use of drugs

Why this universal doubt? The leading reason is because too little studious attention is given to the subject. It is not advancing as other branches are progressing. Besides, too many unsettled theories are promulgated regarding the pathogenic action and curative effects of drugs.

The field pertaining to the practice of medicine and surgery has broadened so much that to thoroughly inform ourselves on all of its subdivisions is hardly possible. Though there be this desire for breadth of knowledge some parts are necessarily neglected, and drug therapy is too often one of them.

The medical student is zealously trained in his practical studies until he comes to Materia Medica, and here enthusiasm commonly ceases, for his instructors lack that spirit of earnestness so necessary to inspire confidence in the subject. While this criticism applies mostly to the colleges of the dominant school it is not confined to their institutions.

This is an age of specialization. Specialists are a necessity, and each one is to-day developing along scientific lines, but the study of the scientific application of drugs to disease as a specialty is at present little considered.

Eminent teachers show distrust in drugs. Prof. Osler said recently: "In therapeutics the tendency is away from drugs." From a last month's medical journal is the following: "The old and tried method in therapeutics is that of empiricism, or, if the term sound harsh, of clinical experience. What has clinical therapeutics established permanently and indisputably? Scarcely anything beyond the primary facts that quinine will arrest an intermittent, that salts will purge and that opium will quiet pain and lull to sleep."

Dr. Billings says in his address before the American Medical Association: "Drugs, with the exception of quinine in malaria and mercury in syphilis, are valueless as cures."

Now such general skepticism will retard the hearty growth of any subject, and ought not to be. Because the majority have lost confidence in drug therapy, the minority with equal, if not greater therapeutic ability, should not weaken. The time was when these doubting Thomases believed in the use of heroic doses of medicine, while others advocated small doses. To-day they decry the use of almost all medicines. They see no scientific basis, no therapeutic law or principle for their application. They see no relation between drug diseases and average pathology.

Others, not necessarily mental perverts, think it a reasonably well established fact that drugs do exert a specific action upon the physiological functions of animal bodies, and that therapeutic application can be made of this action. But just exactly how drugs act, upon what tissues and organs their forces are expended, and how to make the very best use of them are features not always fully determined.

It is true that after so much thought has been given to the subject there ought to be less dispute over it. But opposing views regarding the effects of drugs in health and disease are yet entertained and taught by different writers and lecturers, even in the same school of practice.

Our confirmed conviction is that the effects of drugs in health can be successfully made use of to eradicate disease conditions. The law of similars and clinical testimony prove this action to be a fact. But after all, this does not satisfy some students, and such demand a more positive reason. It is hoped some day this can be further determined, and it now looks as if modern methods of scientific investigation are solving the problem, as papers recently published tend to show.

None deny that morbid conditions, artificially induced by drugs, do show changes coresponding to changes associated with so-called natural disease. Now does it not look reasonable that therapeutic use ought to be made of this pathogenetic action, since there is relation of drugs to pathological conditions?

It has been demonstrated by the student of comparative histology, anatomy and physiology, that the cell is the representative morphological unit of life, that no simpler structure is known which shows activity, that its organization is according to law, and that morbid processes are disturbed physiological action of the cell The life of the cell was formerly designated as vital force, but now it is usually termed chemical action or chemical changes, differing only in name.

Pathology has been well defined as sick physiology, a disturbance of the chemical equilibrium of the cell, resulting in an interference with normal power of metabolism. A thorough knowledge of the relationship of the two subjects, while it has its limitations, is believed to be a rational basis for scientific drug therapeutics.

Drug provings on the healthy and late investigations of cell life certainly confirm this idea, so much so that the study of drug action upon the cell ought not to be, and is not by some, considered a minor topic to the student in medicine.

Some few authors on physiology compare the physiological working of the body with their pathological conditions. If health and disease can be thus compared, why not likewise compare drug action in both? Learn first the laws and functions of the healthy human body, and next the disturbances which drugs are capable of producing on the same, thereby aiding in demonstrating and establishing a scientific Materia Medica.

To-day a spirit of scientific evolution is everywhere present, a scientific reason, the why and the wherefore, pure knowledge, is asked for, by students in all lines of thought. Medicine is not an exception. The German scholars are admitted to be our leading scientists. But while they are good physiologists, most expert pathologists and diagnosticians, they are not therapeutic specialists. They seldom devote but little attention to artificial or drug therapeutics, not looking for relation between drugs and physiology nor pathology, aside from a crude chemical action. They do not place the theory of drug therapeutics on a physiological basis nor even upon a chemical basis.

There did live in the nineteenth century a German physician, who was a student of physics, a physiologist, a renowned chemist, and a pathologist so far as the subject was investigated in his day. He studied life forces, chemical action, morbid conditions and their relations to drug action. Through his great learning and unusual powers of observation, he certainly did show the relation of drugs to morbid processes, by demonstrating their pathogenesis. While the utility of many drugs has been well established by him for a century past, being [illegible] me with the same indications in the treatment of the same diseases, to know just exactly how they act upon animal cells is not an absolute necessity, though we would like to know.

Aconite and Belladonna disturb the circulation, both induce cerebral hyperæmia, but why one is followed by arterial congestion and the other venous congestion is not yet fully determined. Until such points are better understood many theories are bound to be upheld whether proven true or not.

Hahnemann was undoubtedly a twentieth century thinker. This is in plain evidence by rereading his "Chronic Diseases," for these writings contain practical directions for the establishment of a true scientific therapeutics. His writings accord very well with much of the genuine progress that is now making by the dominant school of practice, likewise with the scientific world.

Formerly according to the atomic theory all matter is composed of minute particles which are incapable of being subdivided, and are, therefore, called atoms. Now we hear discussion on electrochemical action, that a molecule is a very complex system made up of ions which are atoms or groups of atoms, charged with small units of electricity. This theory is termed electrolytic dissociation. There is a satisfaction in knowing that this is near Hahnemann's teachings, which have seldom been found wanting in the light of modern science. It is only the fanatic or over-zealous who criticises and argues that it is gross heresy to endeavor to fit the writings of Hahnemann to science, for in this way only can general recognition of these truths be brought about.

It is not necessary to accept every statement of Hahnemann as of equal and absolute importance. While some of his theories may not yet be proven, whatever he publishes as a fact has never yet been disproven.

The truth and accuracy of the law of similars has long since passed the experimental stage, is well founded in many ways independent of drug action. This is a fact that is bound to stand and demonstrated facts will last whether theories live or die.

As before stated, it is believed that a scientific basis for Materia Medica can be and will some day be elucidated. Many think the proving and reproving of drugs must take the same ground upon which the leaders of science stand to-day, that chemistry and physics rest upon the atomic nature of matter. It is hoped that the recently established "Institute of Drug Proving" will fulfill the conditions of science, and lead to a true settlement of this most important question. As a working organization it is earnestly endeavoring to meet the demands of exact science, not opposing any other truth. All interested should assist by substantially encouraging the work financially as well as otherwise. Will we do it? We must do it, since this line of investigation has for a time been almost at a standstill, and apathy is the greatest danger to progress. Let the work conform to scientific revelations, by being conducted on lines similar to those by which all physiological studies are now made, in order that the records may be applied with exactness, that science can plainly see a therapeutic light, a true physiological and applied Materia Medica. Then all can with freedom of thought agree on the application of artificial or drug therapeutics, as we now do on natural physiological therapeutics. By this work progress of the medical profession in the public esteem will be enhanced.

At this year's meeting of the Ohio Pædiatric Society a scholarly paper was read comparing physiological and drug therapeutics, and showing the lack of confidence the author has in drug therapy, because he does not use the drugs mentioned as he should. This is but another example of the teachings that is furnished by the majority of medical writers. The title of the paper is: "Physiologic Therapeutics Versus Drugs in the Diseases of Childhood."

In this instructive paper, none ought to differ regarding the many truths presented, on natural physiological therapeutics, for the art of healing embodies many essentials aside from drugs. But some believe the author does, by his comparisons, decry too broadly curative drug therapy. There is certainly a middle ground for drugs, though there be those who take extreme views in both directions. Where is the "Golden Mean" for the use of drugs?

Let us review and ponder a few statements in the paper as proof that the average writer on the use of drugs is not a therapeutic specialist.

He says: "I am a firm believer in the use of drugs properly selected, correctly and thoughtfully administered; but that great harm has been and is being done by the indiscriminate selection and use, there is no room to question." "Never give a dose of medicine without a clear and definite indication, and you will be surprised to find how often medication can be dispensed with, and also how much better children do without drugs than with them."

"Ipecac is said to be indicated in acute indigestion, bilious sick headache, in the commencement of eruptive, continued and periodical fevers; but those of us who have not found out by experience that given in doses sufficiently large. to produce these so-called beneficial results, are admonished by those who have had such experience that they sometimes produce, instead of beneficial results, irritation and inflammation of the intestinal canal, hæmoptysis and other hæmorrhages. Experience has taught me that much superior agents are found in gastric lavage and enemas. These agents have the advantage of being absolutely void of risk or danger, and may be used with positive assurance that results most satisfactory will follow their intelligent use. The indications for their administration cover all those mentioned in connection with Ipecac and many more."

Now all agree with this in a measure, at the same time there is quite a lesson to some others in this experience, those who have used drugs in a different way. What a nice, crude proving of Ipecac he describes. But he does not see its value, does not know how this injurious action of the drug can be put to good use by prescribing Ipecac in smaller doses for exactly similar symptoms.

Others who do give drugs know by long and varied practical experience that Ipecac is of positive value for the very symptoms he mentions. It will cure indigestion, bilious sick headache, periodic fevers, as many have seen it do scores of times, but the symptoms must be such as it produces in the provings.

Again he says: "Antiphlogistics, Aconite, Veratrum viride, Gelsemium, Ergot, Digitalis, all more or less dangerous and uncertain in their action when active, and most highly disappointing when found inert, happily for patients and creditable for physicians, are rapidly falling into disuse and their place is filled by graduated bath, cold tub bath, sheet bath, ablution or sponging."

We agree here, in part, for this hydropathic treatment is all right, though it, too, may be used with danger, but we cannot accept the views expressed on the use of the so-called antiphlogistics, knowing as we do the great value of each of these drugs when prescribed according to the indications furnished by the pathogeneses of the remedies through their provings. Aconite, though dangerous as some recommend it, is not dangerous when given in the proper way. The same is likewise true of Veratrum, Ergot, Gelsemium and Digitalis.

He furthermore says: "Cathartics, or remedies for the relief and cure of constipation, are many, and some of them are valuable adjuvants in the relief of this much found condition. None, however, can be said to be curative."

Here we agree again, believing that palliative treatment is seldom of much value, that the primary effect of drugs is not often necessary.

The author closes his paper by saying: "But let us not lose sight of the fundamental principle of Holt, never to give a dose of medicine without a clear and definite indication."

Again, this is doubly true, but what are the indications? They are such as are determined largely by the proving of the drugs on the healthy, though it is admitted that there are other ways of minor value when compared with this method. Let us not assume for a moment that these suggestions are perfect.

"Prove all things, hold fast that which is good." is a most trite saying on any subject, and particularly so when applied to the pathogenetic action and therapeutic use of drugs.

When will this evolution of an approximately ideal view of drug therapy be brought about and acknowledged by the general medical profession? It will be, if ever, and not before, when the symptomatologist has full knowledge of the aid of pathology, anatomy and physiology, when the pathogenetic action and therapeutic application of drugs is established on a scientific, unprejudiced working basis, one that can be universally used in practice.

Froude well says: "The knowledge that a man can use is only real knowledge; the only knowledge that has life and growth in it and converts itself into practical power. The rest hangs like dust about the brain, or dries like rain drops off the stones."

"In the proving of drugs upon the healthy, Hahnemann's rules have never been consistently followed, and even had they been strictly observed the work resulting would not have reached the standard of modern scientific requirements."—A Philosophy of Therapeutics. (Eldridge C. Price, M. D.)

Therefore, let us arouse to action, as therapeutic specialists, and bend our every energy to carry along this chosen work of proving and reproving drugs in the light of modern science, to a reasonable completion, thereby showing that physiological drug provings by their effects in modifying the health of the body is the only reliable method to arrive at a true knowledge of the therapeutic application of drugs.

When this principle is fully established, our own late Dr. Owens's words will be accepted that: "Every physician should be a rationalist in medicine; etiology should be his cornerstone; pathology his foundation laid broad and deep; seminology his superstructure, and by which alone a wise and intelligent therapeutics can be directed." (Read before the Cincinnati Homœopathic Lyceum, Wednesday evening, November 9, 1904.)

FOREIGN HOMŒOPATHIC LITERATURE.

EDITED BY P. W. SHEDD, M. D., NEW YORK.

Delayed Menses.

The menstrual flow is replaced by epistaxis, Bryonia 3, Lachesis 12.

Hæmoptysis and blood-tinged mucous secretions, Phosphorus 12, Belladonna 6, Pulsatilla 6, Sulphur 6.

Head congestion, Aconite 3, Belladonna 3.

General weakness, with pulmonary troubles, Cocculus 12.

Anæmia, Calcarea carbonica 3 trit., Ferrum 3 trit., China trit., Podophyllum 1 (in young girls with sense of pelvic weight and hæmorrhoids), Pulsatilla 3.

Pelvic congestion, Nux vomica 3 (irritability, headache, heat and redness of cheeks, gastric disturbances, malaise, constipation, painful rectal and vesical urging, sacral pains, twitching and weakness in thighs); Sepia 3 trit. (hæmorrhoids, hysteria, dejection, melancholia, migraine, toothache, colic, constipation, anorexia, leucorrhœa, alternating chill and heat); Sulphur 3 (congestive headache, tinnitus aurium, facial and gastric pains, pyrosis, constipation, inclination to diarrhœa, sacral pains, piles, depression, flow of pale or thick black blood, frequent micturition, melancholia). Especially useful in the scrofulous or those disposed to skin eruptions.—L'Art medical, Dr. Sieffert.

Anæmic Remedies.

China 3x. Anæmia due to debilitating disease, loss of fluids, hæmorrhage.

Natrum muriaticum 6. Constipation, palpitation when recumbent, earthy-colored skin.

Petroleum 3x. Continual nausea and vomiting, preventing the retention of any sort of food.

Calcarea carbonica 6. Anæmia due to excessive or prolonged menses.

Picric acid 3. Marked physical or mental exhaustion, with increased urates and phosphates (dose every eight hours).

Calcarea phorphorica 3. Children pale, debilitated, with tendency to tonsillar hypertrophy (dose every eight hours).

Silica 6. Rachitic children, exceedingly delicate, weak (dose every eight hours).

Argentum nitricum 6. Anæmia with epigastric pains, palpitation, syncope, nausea and vomiting.

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Arsenicum 3x. Acute, pernicious anæmia.

Pulsatilla 3. From suppressed menses, especially through chilling or wetting the feet.

Ferrum muriaticum 3x. If with headache, palpitation, frequent flushing, pale face becoming fiery red from any insignificant emotion: disposed to faint. Dose, after meals, suspending it from time to time or completely if improvement be not prompt and permanent.—La Homeopatia, Mexico, Dr. J. Antiga.

Scilla Maritima.

A slow remedy: its symptoms do not develop so quickly as Aconite nor so gradually as Gelsemium or Bryonia. It seems to correspond to conditions requiring several days to reach their maximum, as measles, pertussis, bronchitis, etc. There is malaise, general prostration, persistent dull rheumatic pains permeate the body; better by rest, worse by motion. Small red spots are noted on hands, feet, breast, or over the body, with pricking, biting pains. There is inclination to stretch and yawn, but without drowsiness. Sleep is restless, dreamful: on rising in the morning weakness, especially in the hips. Chilliness is felt followed by heat. Irritable disposition, indisposed to any labor, mental or physical: children are lachrymose, petulant. In measles with itching eruption, sneezing, pronounced catarrh, sore nose and upper lip, lachrymation: where the child rubs its eyes irritated by the acrid secretions; where it cries continually, and cannot sleep, Scilla is indicated.

Further, a malodorous diarrhœa, brown, slimy, thin, flecked with bloody foam, may be present, with involuntary stool from sneezing, cough or micturition.

In pertussis similar symptoms are present; violent, sharp cough, marked lachrymation with rubbing of the eyes, rales, sneezing and cough with involuntary urination. Frequently the child, as it begins to cough, must also sneeze. When drinking, it must cough; scarcely has a draught been taken than it coughs and sneezes, the procedure not tending to improve its disposition. The child becomes excited and holds its breath, as when one enters a cold bath.

When the drug is more deeply indicated, we find an accumulation of phlegm in the chest, raised in the morning, with cough and profuse, slimy expectoration. With each cough involuntary micturition. There may be also present sticking pains in the chest, forcing the patient to sit up. Scilla frequently fits with Bryonia in pleurisy.

The remedy is also useful in diabetes, in renal-cardiac disease, dropsy, especially when due to failing heart.

The use of Scilla in spleen troubles dates back to Avicenna, Rademacher, and, Homœopathically, Burnett confirms its specificity. In Rademacher's cases dull pains were present in the left abdomen, often falsely diagnosed and treated as gastralgias. They were better by lying on the left (spleen) side; the trouble expressed itself sometimes as asthma, with nocturnal aggravations.

In Hahnemann's proving, "stitches under the left false ribs" is noted. As regards the kidneys, Hahnemann's experience shows that Scilla is indicated in polyuria. The empirics, however, commonly give the drug for diminished urine due to cardio-renal disease, and many a famous "dropsy-tea" owes its temporarily useful, but, in the long run, harmful diuretic action to that renal excitant, the crushed bulb of Scilla maritima.—Allgemeine homœopathische Zeitung.

Gleanings.

Asafœtida in mental overwork and long night watchings.

Jaborandi in migraine when the eye-muscles are involved.

Bryonia, bulimia, thirst for long drinks, sour, bitter eructations, colic-like pressive pains.

Sulphur 3 in many obstinate eye, ear, nose, throat troubles, not yielding fully to other remedies.

Millefolium in hæmorrhage with neither fever nor pain.

Medorrhinum in persistent leucorrhœa.—Homœopathischer Monatsblatter.

Two fundamental characteristics of Mercurius dulcis (1) appearance of turgid flaccidity with cadaveric pallor; (2) inflammation with plastic exudate. It is especially indicated (with other common mercury symptoms present) in systems disposed to remittent bilious fevers, and is almost invariable efficacious. Further, in peritonitis or meningitis in which there is not serous effusion but a plastic exudate, it is superior to all other mercurials. —Annaes de Medinae Homoeopathica, Brazil.

Keynote of Helonias.

Uterine prolapse, with dragging weight in pelvis. Knows she has a womb. Weakness; pain, burning in the back, in kidney region. Menses too early, too profuse. Dark, offensive leucorrhœa, worse by every exertion. Indisposition to vulval inflammations, with itching, burning, eruption. Cervix ulceration. General weakness, anæmic, tendency to hæmorrhage, especially post-partum. Oppression of chest, feels as if in a vise. Melancholic; feels better when she rouses herself to work.—Berliner Zeitschrift, Dr. Dahlke.

Correspondence.

A Call For Help.

Editor Medical Century.

At 8 A. M., on November 29th, was called to see Miss D., who, while sitting near cooking range, had "fallen in a faint,' striking her head against the corner of the stove, cutting the scalp so badly in two or three places as to require usual surgical attention.

I found the patient on lounge. Said she felt no pain or sickness except from wounds and bruises on face. Felt dizzy when sitting up. Bowels had been constipated more than usual for the last few weeks, but had no warning of the "fainting spell," as she called it. Thought it due to the sudden oncoming of menstrual flux, which was about due, and which made its appearance during lapse of consciousness. Slept for half hour after the fall.

The only witness to fall was a brother, who was sitting nearby, and who also thought it but a "fainting spell," and placed her on the sofa. The father was present when I dressed the wounds, and told me that he felt very much alarmed over the accident, and asked if I thought it was caused by anything more than a fainting spell. Said the reason he asked was because an older daughter had died from epilepsy in its worst form. Thought the eldest daughter's due to the sequela of measles; began when she was about 9 years old, and gradually grew more violent, taking her life at the age of 19.

After dressing my patient's wounds I directed that the bowels be well purged and kept open with salines, and that she take daily broths and drop meats from her diet (she was fond of meats), and that she spend as much time in the open air as possible. Prescribed Nux vomica 3x. Saw her again on December 6th, and removed dressings; wounds in good condition.

Said she felt about as well as usual: still a little dizzy at times, and maybe did not sleep as well as used to, at least was loath to leave the bed at getting-up time. Continued Nux vomica 30x, and requested her to call at office in few days and get a change of remedy; but the next day (the 7th of December) her father came to tell me that she had another attack during the afternoon of the 6th, while standing, and fell upon the floor with great force, but fortunately did not fall against anything, therefore, was not much hurt.

He said he had no doubt about it being epilepsy, as she had the twitchings of the limbs and frothed at the mouth, and had bitten her tongue badly; thought the spasm lasted about three minutes, but that she remained unconscious ten minutes or more: thought this spell very similar to the elder sister's. There is no history of epilepsy in family beyond these cases that he is aware of. Mother died from something like tuberculosis.

Patient is 17 years of age; blonde; gray eyes; very heavy suit of hair; about 5 feet or 5 feet 2 inches tall, and weighs 137 pounds; stutters slightly; had meningitis when a babe, from which left side (both arm and leg) were slightly paralyzed; but at age of ten was treated by Swedish movement and recovered from the paralysis, and since then has had good health, and now I might say "looks the picture of health." But when at boarding school could not keep up with her classes and was sent home with the excuse that she was not capable of being educated. Her father is a highly educated, hard working clergyman. Since last spell she has been taking Solanum Carolinense θ, a dose four times per day, before meals and at bedtime. Is there anything better? If there is I want to know it, and I want to know it quick, for it is my opinion if there is anything to be accomplished with drugs, homœopathic or otherwise, it must be done in the beginning of the disease.

Now, Doctor, will you be kind enough to appeal to the Century family, and will you give us the rationale or regime of treatment in your editorial columns, and let us compare notes on the subject, for there must be among your readers of the journal who are able and willing to assist me, for in my twenty years' practice I have had but little experience in treatment of epilepsy. I do not believe in the indiscriminate use of the Bromides, nor does this child's father, who says that he saw the baneful effects of their use in the treatment of deceased daughter.

He is a strong believer in Homœopathy, and familiar with many of the polycrests, and sorrowfully appeals to me to do my best to save the life of his only daughter, and I must say that I get but little encouragement from any of our text-books on Materia Medica.

I do not ask for personal correspondents, for I know the physcians are busy at this time of the year, and have little time to write letters; but as above stated, can we not have a symposium on the subject through the pages of the Century that may develop facts that have not yet been garnered by the text-book theorists.

Thanking you for this and passed favors I will say in conclusion that if this loud cry does not appeal to you, just toss it into the waste basket, where it probably belongs, and "say nothing to nobody,"

Yours truly,

David R. Duncan.

St. Louis, Mo., Dec. 17, 1904.

Another Reply to Dr. Peck.

Editor Medical Century:

Answering Dr. Luther Peck's article in November Century, "A Failure, or Was Bryonia Indicated?" I raise the question, Did you begin early enough or did you begin wrong?

Here was a case thirty-six to forty hours old, four doses of Castor oil taken by mouth, with no result. (Sorry, doctor, you failed to mention the amount of Castor oil taken. It seems the general rule in writing articles is to omit small things. Was it teaspoonful, tablespoonful or ounces?)

After going over your case you made a diagnosis of appendicitis; would it not have been better to begin giving an enema, giving it yourself if necessary, consisting of Oxgall, ℥i.; Glycerine, ℥iv.; warm water, Oss., having your patient retain this as long as possible, and repeat same in an hour.

Stop all food for 24 to 36 hours and give tablespoonful of Olive oil hourly until a free movement is obtained. If patient cannot take oil give eight ounces of water hourly.

After some results from your enema examine per rectum, with or without finger cot., just as you would for an ovary in the female, and you would certainly have detected the size of the tumor, whether increasing or decreasing in size.

Apply an ice bag over region of appendix with piece of muslin between skin and bag to allay increasing inflammation after causal factor had been removed; leave on fifteen minutes, then remove for same length of time and repeat.

As to the remedy, which was surely indicated, I would suggest Bryonia *θ*, 15 gtts. in ¾ glass water, dessertspoonful every ½ hour. As to the rule about waiting, most surgeons believe you should wait twenty-four hours, laying most stress upon pulse increasing in rate. Here was a case over thirty-six hours old before you were called. On your second visit, which was, unfortunately, as late as 2:30 P. M., ten hours after your first visit, you say your patient was no better. Had the pulse increased in rate? At 6 P. M. no better. What was rate of pulse then?

In conclusion, I would say there was no failure of Bryonia. Hahnemann says remove the causal factor, which in this case was a mechanical obstruction. This you did not do. You should have returned to see that patient within six hours, and then if you had no result you could have gone to work yourself; and if case increased in severity had patient operated upon at least twelve hours before you did. But I honestly believe had you worked right and aided your drug you could have had the patient operated upon during excellent health. You don't mention if patient ever had any similar attacks, so I might infer that this could have been an acute attack upon a chronic appendicitis.

H. V. Broeser, M. D., Hoboken, N. J.

Miscellany.

ALLOPATHY RE-DISCOVERS A FEW THINGS.

BY P. W. SHEDD, M. D., NEW YORK.

The clipping below is interesting (italics are ours). As Artemus Ward would say, "These allopaths are amusin' cusses:"

Gold and silver cure pneumonia. Dr. Albert Robin discovers that metals have property of healing diseases, given in very small doses. When finely subdivided and hypodermically injected they cause fall of temperature.

Special cable to the Herald, Herald Bureau, No. 49 Avenue De l'Opera.

Paris, December 7, 1904.

The Herald's European edition publishes the following:

A sensational communication was made to the Academie de Medecine to-day by Dr. Albert Robin, who reported *his* discovery of the fact that *certain metals,* such as gold and silver, very *finely subdivided and employed in infinitesimal doses, exercise a considerable effect on the vital phenomena.*

Reduction of the metals to the desired state is obtained by their electrical dissolution in water. *The metal so treated acquires the property of developing a force similar* to that of a ferment. This peculiarity of the phenomenon has led Dr. Robin to use the term "metallic ferments" in reporting his discovery.

His metallic ferments when employed in cases of pneumonia in hypodermic injections of from five to ten cubic centimetres of solution, *containing from nine-hundredths to two-tenths of a milligramme* of gold, silver, platinum, etc., produced a brusque defervescence of the malady in six cases out of ten before the seventh day.

Thirteen cures were obtained in fourteen cases thus treated.

There is a complete similarity between the natural favorable crisis in pneumonia and that produced by metallic ferments. These ferments, *therefore,* are capable of producing, aiding or hastening this natural favorable crisis.

After one or two injections the temperature falls suddenly, almost always in a definite manner. *The employment of these metallic ferments does not constitute the complete treatment of pneumonia,* for complications and the predominance of certain symptoms necessitate accessory therapeutics, but great progress would appear to be made by their use in the treatment of this frequent and serious malady.

Why don't they buy a few copies of the Organon, the Chronic Diseases, the Materia Medica Pura, get some files of the homœopathic literature of the last one hundred years, and settle down to more "sensasational" discoveries?

A few theses might be given to this "infant class" in drug therapy, e. g.:

(a) The marvellous powers of lycopodium powder when subjected to a "new" and "peculiar" process of preparation.

(b) What sodium chloride will do to the human organism given "dynamically."

(c) Sea sand, or silica, and its "life-giving" powers. Try a barrel!

(d) Investigation of the nosodic substance of syphilis, gonorrhœa, variola, tuberculosis.

(e) Magnetis polis australis will cure in-growing toe nail. (Discovery just off the press.)

(f) Brought back to life by "rattle snake poison!"

(g) Bee stings cure rheumatism!

Etc., etc., etc., etc., etc., etc., etc., etc., etc.!

All of which will keep the allopaths or "regulars" busy and happy, and when they have rediscovered everything they may discover their asinine waste of time, recover some common sense, and stand with uncovered heads before the benevolent, patient, genial image of Samuel Hahnemann, Magister Medicinæ.

Societies.

MEETING OF THE EXECUTIVE COMMITTEE OF THE INSTITUTE.

The Executive Committee of the American Institute of Homœopathy met in Chicago on January 7th at the Auditorium Hotel. All the members were present except First Vice-President King and Second Vice-President Boericke. There were also present President Sawyer, of the Surgical and Gynæcological Society; President Copeland, of the Ophthalmological and Laryngological Society; President Foote, of the Obstetrical Society, and Chairman Teal, of the Pædological Bureau.

Among business transacted was the settling of the date of the meeting, which has been fixed for June 26th.

The program was also arranged, the following of which are the special features:

The Institute convenes on Monday at 5 P. M. The President's address will be given in the evening. The Surgical Society will convene on Thursday. The Obstetrical Society on Tuesday and Wednesday. The O., O. and L. Society will hold meetings on Tuesday, Wednesday and Thursday. The Electrical Society will hold its first meeting on Tuesday. Friday will be given over to the Bureau of Homœopathy, and the Materia Medica Bureau will hold its first session on Wednesday morning; during the meetings of these two bureaux no sectional society meetings will be held. Provision was also made for Pædiatrics and Sanitary Science. We expect to present the full program in our next issue.

Wednesday evening will be devoted to Alumni Societies and Fraternities. Thursday evening to Memorial Services. On Friday evening a grand dinner will be given in honor of Hahnemann's 150th birthday by the Illinois State Society, whose 50th jubilee anniversary occurs this year. The election of officers will take place as provided for in the By-Laws.

The following important action was taken by the Committee:

Resolved, That the Executive Committee make to the Institute the following recommendations:

That at the meeting of the Institute in Chicago, June 26, 1905, the American Homœopathic Ophthalmological, Otological and Laryngological Society be again asked to accept the invitation extended in Boston, in 1903, to enter into practical affiliation with the Institute as a sectional society of that body.

That in repeating this invitation the Institute give to the Society the assurance that its relations with the Institute will be upon the same liberal basis which the other sectional societies of the Institute stand which have become so affiliated.

That this basis involves the following rights and privileges:

The O., O. and L. Society shall have absolute freedom in the choice of its own officers; it shall arrange its own program; its papers and transactions shall be published in the Institute volume in the following manner:

The Institute shall recognize a Committee on Transactions of the O., O and L. Society, which committee shall censor the papers and reports of that Society, and the Committee on Publication of the Institute shall cause the matter so prepared to be printed in the Institute volume without omission or abridgment of any part thereof.

The Executive Committee further recommends that the By-Laws be amended in such manner that it shall be provided that the presidents of all the Sectional Societies of the Institute, including the president of the O., O and L. Society, when the Society shall have become so affiliated, shall become members of the Executive Committee of the Institute.

The Executive Committee further recommends that all members of the O., O and L. Society who are not already members of the Institute, be permitted to become members without the payment of the usual initiation fee. This latter recommendation is not intended to conflict with the rule of the Institute that physicians must be members of their local State societies. Should this seem to be the case, doubtless the Institute would be willing to suspend this rule to admit those few members of the O., O. and L. Society who are not members of their State or local organizations in the deserved recognition of the good work they have done in this Society.

THE NORTHWESTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The twelfth annual meeting of the Northwestern Ohio Medical Society was held in Toledo, on December 13th, Dr. Wm. A. Humphrey, of Toledo, president, in the chair.

The program was an exceedingly good one, and the attendance was above the average. The following read papers: Dr. Emma Butman, Dr. H. M. Flower, Dr. J. H. McVay, Dr. Emma L. Boice Hayes, Toledo; Dr. C. B. Kinyon, Dr. W. A. Dewey and Dr. W. B. Hinsdale, of Ann Arbor; Dr. W. T. Miller, Dr. G. J. Jones, Dr. H. D. Bishop, of Cleveland; Dr. C. E Sawyer, of Marion; Dr. D. G. Wilcox, of Buffalo, and Dr. R. H. Stevens, of Detroit.

The discussions engaged in were animated and profitable.

A surgical clinic was given at the Toledo Hospital; Drs. L. K. Maxwell, of Toledo, and DeWitt G. Wilcox, of Buffalo, were the operators.

A lunch was given the visiting members at the St. Charles Hotel, and a banquet in the evening at the same hotel concluded the functions of the day. Toasts were responded to by Drs. R. S. Copeland, of Ann Arbor; M. H. Parmelee, of Toledo; DeWitt G. Wilcox, of Buffalo, and others.

Besides those already mentioned there were present Drs. H. F. Biggar, H. H. Baxter, J. R. Horner, H. F. Staples, of Cleveland; W. A. Frost, of Tecumseh, Michigan; E. J. Kendall, of Detroit; Mabel G. Dixey, of Fremont; F. F. Lehman, of Sandusky; J. H. Johnson, of Wauseon, and many others from nearby towns. The Northwestern Ohio is one of the best meetings in the State, being second only to the State society, and Toledo is renowned for its hospitality, and as Brother Parmelee says: "The Maumee, the largest river that flows into the Great Lakes," belongs to Toledo. We did not try its water. Over seventy-five physicians were in attendance.

IN MEMORY OF DR. CONRAD WESSELHŒFT.

At the regular meeting of the Homœopathic Medical Society of Western Massachusetts the following resolutions were unanimously adopted:

Whereas, In the providence of God we have been called to part with that indefatigable student of medical science, Dr. Conrad Wesselhœft; and,

Whereas, By his death Homœopathy has lost one of its foremost defenders; therefore, be it

Resolved, That this Society give expression to the loss it has sustained in common with every other organization of our school. Dr. Wesselhœft was a teacher and helper of us all. He made the Organon of Hahnemann an open book, and though he had passed the allotted age of man, he was still young; young in his sympathies; young in his ability to investigate and accept new truths, and young in that broad and generous charity which made him seem like an elder brother to us all. He was too large a man to be bound down by any sectarian lines, and though a lover of Homœopathy, he never hesitated to expose which seemed to him its defects. The truth was what he was after, and with a truly scientific spirit he carried on his investigations to the end. His labors are the common heritage of us all; we loved him for what he was, a profound scholar, an eminent teacher and a generous counsellor and friend.

Resolved, That a copy of these resolutions be sent to his bereaved family and to the medical journals of which he was a frequent contributor, also that they be copied upon the minutes of this Society.

John P. Rand,
Elmer H. Copeland,
For the Society.

Springfield, Mass., Dec. 21, 1904.

The Colleges.

PLAYING WITH FIRE.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

"In the passing of the Chicago Homœopathic Medical College we have an example of the results of playing with fire. Had the above mentioned institution been faithful to Hahnemannian teachings, it would not have gone to the wall."

With this statement the editor of the Critique closes an editorial on the union of the Chicago Homœopathic and Hahnemann Medical Colleges. This amalgamation came as the result of the serious thought of the leading men of the two schools as to the good of Homœopathy and the good of the institutions. In union there is strength, and never has there been a time when Homœopathy so needed strength as to-day. We are being attacked on all sides and in every manner by the members of the predominant school of medicine. It was to have all the physicians of Chicago and the alumni of the two schools working in harmony that the combining of these colleges was effected. The C. H. M. C. did not and has not gone to the wall. An amalgamation of the two schools was effected in order that better work might be done.

The name of Hahnemann stands pre-eminent among all others, and it was fitting that the name of the older school should be retained. Better buildings was the cause for the work being transferred to the South Side school.

As to the charge of the Chicago Homœopathic having played with fire, and of having wandered from the teachings of Hahnemann, we can make a general denial. On the faculty of that school were found the names of the leading men in Homœopathy in this country, men than whom there were none better fitted to instruct the young men in the great law of cure.

No school in this country gave a more thorough course in Homœopathy and tried harder to live up to the rule established by the American Institute of Homœopathy, that a homœopathic physician is one who knows all there is of medicine plus Homœopathy. A practical course in the working of similia similibus curantur and a thorough one in the other scientific branches was given. This is proven by positions and honor gained by its graduates. The man who graduated from the C. H. M. C. was thoroughly instructed in Homœopathy and all the adjuncts. Surgery was taught by the best men to be obtained; the pathological and bacteriological courses could not be excelled; the research work done by members of the faculty and students along the line of proving drugs was carried on diligently and quietly, but none the less thoroughly. That the same will be done in the combined schools we are all certain.

The faculty has always strived to have only homœopathic teachers, and when it was found that Homœopathy was not being taught and was being ridiculed, as happened once or twice, the men doing this were at once asked to resign. In some of the pathological work it was found to be expedient to have a pathologist rather than a physician, and this in no way effected the homœopathic side of the school.

As an alumnus and member of the faculty of the Chicago Homœopathic I know these facts positively, and I feel that an injustice has been done this school, which for so many years has stood as one of the leading homœopathic colleges.

Clinical Urinology.

By Alfred C. Croftan, M. D., Professor of Medicine, Chicago P. G. Medical College. Illustrated. William Wood & Co., New York, 1904.

This book of nearly 300 pages connects the laboratory to the clinic, showing how scientific methods can be applied in every day practice. The chapters on albumens purin bodies and glycosuria are very interesting and practical. The last chapter takes up what the kidneys eliminate and what they should eliminate. The work covers more than one would think from the title, and altogether is quite a valuable book.

The Library.

BOOK REVIEWS.

Transactions of Pennsylvania State Homœopathic Society, 1904.

Another useful volume containing the proceedings of the last meeting of this Society. It adds to our literature many valuable papers.

Ohio State Homœopathic Society Transactions, 1904.

The usual handy and valuable volume of the proceedings of the fortieth session of the Ohio State Society. The Society is one of the best and the Transactions are accordingly good.

International Annual.

E. B. Treat & Co., New York, 1904.

The Annual year book and Practitioners' index for 1904 is up to the usual excellence of the well-known series. The most valuable part of the book is that pertaining to therapeutics in which are some useful hints.

Diseases of the Eye.

By George M. Gould, M. D., and Walter L. Pyle, A. M., M. D., Philadelphia. A quiz compend. P. Blakiston's Son & Co., 1904.

This is the third edition of this quiz compend, and is practicaly a reprint of the second edition with the usual revision and corrections. It will serve its useful purpose as an aid to students in a difficult branch of medicine.

Manual of Operative Surgery.

By J. F. Binnie, A. M., M. D., Kansas City, Mo. Philadelphia: P. Blakiston's Son & Co., 1905.

This little manual, which, by the way, contains nearly 650 pages and has 559 illustrations, is a work on operative surgery which omits as far as possible all description of those procedures which are ordinarily thoroughly given in the usual text books on general surgery. It is a well printed, well illustrated up-to-date manual, and will serve as a most useful volume to both surgeon and physician.

The Mnemonic Similiad.

By Stacy Jones, M. D., author of "The Medical Genius" and of "The Bee-line Therapia and Repertory." 347 pages. Cloth, $1.00. Postage, 7 cents. Philadelphia: Boericke & Tafel, 1904.

This work by Dr. Jones, of Bee-line Therapia fame, is intended as a help to the memorizing of the Materia Medica. There are some apt rhymes to each drug similar to some that Brother Monroe used to spring on us occasionally. We hope the work may prove useful to those whose memories can assimilate such mnemonic arrangements. For us it would cost as much effort to become familiar with the system as to memorize the entire symptomatology of the drugs. However, we are not all built alike, and doubtless the book will serve a useful purpose.

Diet in Health and Disease.

By Julius Friedenwald, M. D., Clinical Professor of Diseases of the Stomach in the College of Physicians and Surgeons, Baltimore, and John Ruhrah, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, Baltimore. Octavo volume of 689 pages. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $4.00, net.

This latest work on diet is practical and comprehensive, prepared to meet the needs of the general practitioner, medical student, hospital interne, and trained nurse. It contains a full account of food stuffs, their uses and chemical compositions. Dietetic management in all diseases in which diet plays a part in treatment is carefully considered, the articles on diet in diseases of the digestive organs containing numerous diet lists and explicit instructions for administering. The feeding of infants and children, of patients before and after anæsthesia and surgical operations, and the latest methods for feeding after gastro-intestinal operations have never before been discussed with such practical detail. The subject of rectal enemata is given completely, with recipes and full instructions as to technic. Diet is considered in its relations to age, occupation, and environment; and the beneficial results from the rest cure have been accorded prominent consideration. There is also a section on food adulteration and the resultant diseases. Withal, this is a work well worthy the reputation of its authors, and we most cheerfully recommend it.

A Manual of Personal Hygiene.

Proper Living Upon a Physiologic Basis. By American Authors. Edited by Walter L. Pyle, A. M., M. D., Assistant Surgeon to the Wills Eye Hospital, Philadelphia. Second edition, revised and enlarged. 12mo volume of 441 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Bound in silk, $1.50, net.

A short time ago, when Dr. Pyle's work first appeared, we gave it our unqualified recommendation. The new second edition, just issued, is evidence that his work has filled the need. Personal hygiene is applied physiology, and a proper understanding of certain elemental truths on practical human physiology must first be acquired before it can be applied. Knowledge of the normal functions of the body and simple methods of keeping them in healthy action is the one thing that no educated person should be excused from possessing. The ordinary instructions in physical education, physiology, dietetics, and exercise is not sufficient, and often faulty. Dr. Pyle has selected eight prominent American physicians, each writing upon his chosen specialty, and setting forth the means of health in his "Manual of Personal Hygiene" with a simplicity, conciseness, and authority that has never been approached in any similar work.

In this new second edition there has been added, and fully illustrated, chapters on Domestic Hygiene and on Home Gymnastics, besides an Appendix containing methods of Hydrotherapy, Thermotherapy, Mechanotherapy, and First Aid measures in medical and surgical accidents and emergencies. Physicians could render no better service to their patients than the recommendation of this book.

Gallstones and Their Surgical Treatment.

By B. G. A. Moynihan, M. S. (Lond.), F. R. C. S., Senior Assistant Surgeon to Leeds General Infirmary, England. Octovo volume of 386 pages, illustrated with text cuts, some in colors, and nine colored insert plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $4.00, net.

The great and increasing importance of the subject of gallstone disease is a sufficient warrant for the publication of this forelying work, and Mr. Moynihan's extensive experience in treating cholelithiasis specially fits him to write an authoritative and trustworthy work such as we have found this. A full account is given of the origin and causation of gallstones, and of the pathologic changes and clinical manifestations to which they give rise. Special attention has been paid to the detailed description of the early symptoms of cholelithiasis, enabling a diagnosis to be made in the stage in which surgical treatment can be most safely adopted. Every phase of gallstone disease is dealt with, and is illustrated by a large number of clinical records. The account of the operative treatment of all the forms and complications is full and accurate. The beautiful illustrations, a number of which are in color, including nine insert plates, are unusually clear and artistic, and form a special feature. We know of no book on the same subject that can in any way compare with Mr. Moynihan's work.

Diseases of Liver, Gall-Bladder, and Bile-Ducts.

By H. D. Rolleston, A. M., M. D. (Cantab.), F. R. C. P. Physician to St. George's Hospital, London; formerly Examiner in Medicine at the University of Durham, England. Octavo volume of 794 pages, fully ilustrated, including seven colored insert plates. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $6.00, net.

Dr. Rolleston's new work is undoubtedly the most voluminous treatise on diseases of the liver yet published in English. And more than that, it is destined to become an authority on the subjects of which it treats. The author has for many years made a special study of diseases of the digestive system, and his reputation in the treatment of hepatic diseases is sufficient assurance of the practical usefulness of this new work. The text includes all the affections of the liver, completely and clearly discussed, special attention being given to pathology and treatment. A large number of clinical cases are quoted, which will be found of great value to the practitioner in diagnosing individual cases. Besides Diseases of the Liver, the book contains articles on Diseases of the Gall-Bladder and Bile-Ducts, which are equally as trustworthy and authoritative as the section on the Liver. The illustrations, both those showing gross appearances and the microphotographs, are unusually excellent, and include seven colored insert plates of great merit. The mechanical appearance of the work is in keeping with the high standard of the text. We certainly most heartily recommend it to our readers.

Atlas and Epitome of General Pathologic Histology.

By Dr. H. Durck, of Munich. Edited, with additions, by Ludvig Hektoen, M. D., Professor of Pathology, Rush Medical College, in affiliation with the University of Chicago. With 172 colored figures on 77 lithographic plates, 36 text cuts, many in colors, and 371 pages of text. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $5.00, net.

This new atlas in Saunders's Medical Hand-Atlases is indeed a worthy addition to the series. All the accepted views regarding the significance of pathologic processes have been concisely stated, conflicting theories having been wisely omitted. The illustrations have been made from original specimens without combining different microscopic fields, extraordinary care having been taken to reproduce them as near perfection as possible. In many cases as high as twenty-six colors have been required to reproduce the original painting. In editing the volume, Dr. Hektoen has incorporated much useful matter; and unquestionably this atlas will be as favorably received as the previous volumes on Special Pathological Histology. In our opinion, it will be found of unusual value to the medical profession generally.

Lectures on Homœopathic Materia Medica.

By James Tyler Kent, A. M., M. D., Professor of Materia Medica in Hahnemann Medical College and Hospital, Chicago. Author of the "Repertory of the Homœopathic Materia Medica," and "Lectures on Homœopathic Philosophy." 965 pages. Large 8vo. Cloth, $7.00; half-morocco, $8.00. Book expressage extra. Boericke & Tafel, 1905.

We can hardly leave off reading this work long enough to write a review of it. Dr. Kent's lectures on Materia Medica are familiar to all students of Homœopathy, and it is to the student that they most forcibly appeal. There is an irresistible charm about the way Dr. Kent presents his subject; in fact, one is compelled to believe nearly all that he says on the subject. This is an unfortunate state to get in. for some day some of us will try a remedy for the conditions that the doctor lays down so beautifully in this work and failure will result, and then we will lay it to Kent instead of to our own selves.

These lectures are about the only readable lectures on Materia Medica that we possess. Hempel was a starter, Dunham followed, and then Farrington. Doctor Kent, however, does not have to stop to explain the rationale and method of action of each drug; he tells in a becoming way what it will do and what he has done with it. It is a refreshing thing to read a work that is so permeated with good homœopathic teaching that we do not have to feel that the author himself, perhaps, sometimes does not believe what he is writing. There is a conviction about these lectures that appeals to any one who is striving to practice good Homœopathy.

Many of the lectures have appeared during the last twenty years in our periodical literature, and the present collection has assembled these into one volume of nearly 1,000 pages. We believe the work will appeal to students and help them to get a comprehensive working idea of what each drug will do. We certainly commend it in its entirety.

A Text-Book of Physiological Chemistry.

By Olaf Hammarsten, of the University of Upsala, Sweden. Translated by J. A. Mandel, M. D., N. Y. Fourth edition. John Wiley & Sons, 1904.

This work is a thorough work on the subject in which the superfluous has been omitted and the useful given. It is a subject in which many advances have been made, and thus it is presented to American physicians. Doubtless the object will be attained, and those who keep informed in this branch will find much useful material therein.

Medical Diagnosis.

By William Leube, University of Wuerzburg. Edited by Julius A. Salinger, Philadelphia, Pa. D. Appleton & Co., 1904.

This work of Professor Leube is a plain, practical work on diagnosis, and its main point is the explicit differentiation between diseases, making many difficult points easy and lucid. The work has passed through six editions, and this is a translation from the last one. The most difficult problems of internal diagnosis are presented in a clear way. The book is well printed, has some useful illustrations, and is one that may be opened anywhere and read with profit. Especially have we found the part devoted to nervous diseases clear and well presented.

Pneumonia and Pneumococcus Infections.

By Robert B. Preble, M. D., Northwestern University. Chicago: Cloyd J. Head & Co., 1905.

A little work of some 200 pages devoted to pneumonia, of which the last eight or nine are devoted to treatment. It presents the etiology, symptomatology, complications and diagnosis at length, and will be valuable as a thorough essay on this disease. The treatment as given is no improvement over that of a half a century ago; everything has failed, and for the obvious reason that it is the pneumonia that has been treated and not the patient. Of Aconite, the author says he saw it tried in a number of cases which did no better than those in which it was not used. Whoever knew Aconite to ever be indicated in pneumonia. Certainly no homœopathic physician who knows that when a lesion becomes located anywhere Aconite is useless. Indications are given for lopping off symptoms, but as a whole, the treatment is useless. The value of the book to us is the part that precedes the treatment, and fortunately it composes nineteen-twentieths of it.

Electro-Static Modes of Application, Therapeutics and the Uses of the Roentgen-Ray.

By William Benham Snow, M. D., Professor of Electro-Therapeutics and Radiotherapy in the New York School of Physicial Therapeutics, Editor of the Journal of Advanced Therapeutics, and late Instructor in Electro-Therapeutics in the New York Post-Graduate School, etc. Third edition, revised and enlarged. Contains more than one hundred illustrations, including ten full-page half tones showing the various methods of posturing and treating conditions. Price, cloth bound, $3.00. A. L. Chatterton & Co., New York.

This work is presented to fill gaps in the literature of the subject. The third edition is essentially the same as the second, few changes having been made. It is well printed, bound and illustrated.

Sleeping Sickness.

Aubrey D. P. Hodges says that sleeping sickness has been known in West Africa since 1803, but it did not become known to Europeans until 1900. One of the greatest difficulties in the study of this disease has been the extraordinary duration of the incubation period, from one to two, and even seven, years elapsing sometimes before the disease manifested itself. The disease attacks all ages and both esxes, although infants usually escape. Clinically, and for conveqienec sake, the disease has been divided into three stages, the early stage, the pronounced stage, and the lethargic or somnolent stage. The earliest subjective symptom is a chronic or intermittent headache with lassitude and vague pains. There is a general enlargement of the lymphatic glands. One of the earliest signs noted is an arrhythmical, jerky, or twitching tremor of the tongue. Such symptoms occurring in a person who has visited an infected area is very suspicious. In the second stage the diagnosis is readily made, and dates from the characteristic facial expression and general appearance and changes in manners, habits, or disposition. This stage is not infrequently ushered in by nervous crises. The twitching of the tongue becomes more marked and the tremor spreads. The vague pains become more severe. At length the patients gradually pass into the lethargic stage. In surveying the symptoms broadly, two facts stand out fairly clear; first, they are to a great extent intermittent in character and not steadily progressive; and, secondly, on the whole the nervous symptoms are secondary to the general, a fact which points to a general infection, rather than a local disease. The two organisms which are at present being studied are the diplostreptococcus and the trypanosome; the latter occurs not only in the blood, but in the cerebrospinal fluid. The hypothesis of trypanosome causation seem to cover more of the facts. The reasons why there is a marked relative immunity for Europeans are probably: (1) Their manner of clothing leaves exposed a less area of skin than that of the natives, and only the more sensitive parts, the hands and the face. (2) They do not live, or lie asleep in the day-time, nor do they usually work in the jungle or forest.—Record.

OBITUARY.

Dr. Seth O. Beckwith.

Formerly of Cleveland, Ohio, and brother of Dr. D. H. Beckwith, of that city, died at Atlantic City, N. J., on January 20th.

Dr. Beckwith graduated in the Western Homœopathic College in 1853, and soon after located in Cleveland. He was a member of the faculty of the Cleveland College for years, holding various chairs, especially that of surgery. He was one of the organizers of Pulte College in Cincinnati, removing to that city in 1871. He held various important offices in the Institute and State Society. A few years ago he gave up active practice and settled in New York City and engaged in commercial business.

Medical Century.

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WILLIS A. DEWEY, M. D., ... **Editor.**

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FEBRUARY 1, 1905.

Editorial.

THE TEACHINGS IN OUR COLLEGES.

The December issue of Progress, of Denver, which is edited by the indefatigable Strickler, of that city, contains a number of most excellent articles on the colleges of our school. We purpose to take the liberty of bringing to the notice of our readers some of the points of these articles, for they are worthy of as extended a reading as possible.

The first article is by Dr. B. F. Bailey, of Lincoln, Nebraska. In this article we find the following, and it will appeal to any teacher of homœopathic Materia Medica:

"No college can do the best work when one member of the faculty is allowed to infringe upon another member or to belittle his work. No man should be employed as a teacher in any higher educational institution who is so one-sided and whose judgment is so warped that he can see only the necessities and importance of one branch. Neither do I believe that the surgeon or gynæcologist can ever be a safe man who is so imbued with the mechanical, chemical and bacteriological that he has neither knowledge of nor faith in internal medication. Many a great institution of learning has been crippled because the heads of different departments were jealous of the prerogatives of their own. Such a head of a department may have been a good teacher up to a certain point, but never up to the full human capacity."

The article of Dr. Royal, of the University of Iowa, is so full of good material that, really, we should publish it in its entirety. He touches upon various criticisms that are frequently heard, and shows pretty conclusively that those who make them are underdone in their knowledge of the teaching institutions of our school. We consider the following good points:

"I do not believe that we have homœopathic colleges enough. I am confident that six or eight more colleges properly located in different sections of our country would not only increase the number of practitioners of Homœopathy, but in a greater proportion the adherents of Homœopathy. Every opening in the fall, every commencement in the spring, and the going and coming of students at vacation time serve as advertising media for the cause. I sincerely believe that a homœopathic college in connection with every state university would be of great advantage. On the other hand, I feel equally confident that there is no city in the country large enough to maintain more than one college to the advantage of the cause of Homœopathy. Right here let me say to my homœopathic brother who has been sending his son, his nephew, or his student to an old school college, giving as his excuse that those colleges furnish better instruction in surgery, diagnosis, electricity, etc., than is given in ours, that his excuse is no longer applicable or honest."

In speaking of the Medical Century Prize Essays, the doctor says: "The careful reading of that pamphlet, I am confident, will convince anyone whose mind is open to conviction, that the place to send medical students, especially homœopathic medical students, is to homœopathic colleges." Dr. Royal believes in an exchange of teaching, that our teachers in one college should exchange occasionally with the teachers in another, and be invited to deliver special lectures. This, by the way, has been done to some extent in the New York Homœopathic College, the Hahnemann College of Chicago, and in the homœopathic department of the University of Michigan. The doctor also believes that every student should prove at least one drug and superintend the proving of another during his college course

Dr. J. P. Sutherland, of the Boston University School of Medicine, replies ably to the criticism that there is a lukewarmness about modern Homœopathists, especially the recent graduates, that contrasts unfavorably with the enthusiasm of the homœopathic practitioner of a generation ago. He dwells on the broadness necessary in modern medical instruction, the very which makes a homœopathic physician, and advocates a renaissance in the study of drug pathogenesy.

Dr. R. S. Copeland, of the University of Michigan, devotes his article to the proper teaching of Homœopathy; he says and truly.

"It must be borne in mind that the students on the benches are not physicians, they are laymen as yet, and must be taught all the details of a great and growing art. When they master these details, and not until then, are they prepared to appreciate the fine distinctions of the homœopathic specialty. To be versed in the bacteriological, chemical and pathological sciences should not be an excuse for the finger of scorn." The doctor also enters a protest against careless routine and general prescribing, and believes that the successful teacher is one who daily impresses his students with the efficacy and efficiency of the homœopathic principle.

Dr. J. P. Willard, of Denver, contrasts the college of the past and the present. He believes that the amount and character of homœopathic teaching in our schools is greater now than at any time in the past, and closes as follows:

"I have scant sympathy with the chronic fault-finder, because, so far as my observation goes, he is the last individual to take hold with an honest purpose and try faithfully to correct the errors about which he prates so loudly.'

Dr. C. E. Walton, that homœopathic surgeon of Pulte Medical College, discusses the uses of homœopathic colleges, and his shot goes to the center as usual, when he says: "To teach Homœopathy. Any college which fails to do this is unworthy the name of a homœopathic college. The student who seeks Homœopathy should not be saturated with allopathy first, and then drawn through a homœopathic sieve. The filtrate would not be worth an analysis. The success of a homœopathic college depends upon an enthusiastic teacher of Materia Medica and of therapeutics. Every teacher of a specialty should know and teach the Materia Medica related to his specialty. He will overlap other claims, but the student profits by the repetition and acquires side lights of remedies which will improve his drug pictures. It is a waste of time for a student to spend four years in study to be told at the completion of his course that there are only four or five remedies that can be relied on in the treatment of disease. This may make him a good life insurance examiner but a poor physician; a good army surgeon but a poor practitioner; a good health officer but a poor health restorer. Homœopathy will not decline so long as there are physicians who can cure safely, quickly and pleasantly. That is what patients demand, and it will be a long time before there are no patients in the world."

Dr. J. R. Horner, of the Cleveland College, says among many other good things: "The need of our colleges is more bedside instruction in medical cases. I have no hesitancy in declaring that students would vote by a large majority that this is the crying need of the hour. It is all very well to have a large dispensary, with its forty to one hundred patients per day, but everyone who has worked in a dispensary must acknowledge that such work is unsatisfactory. Why? Because you cannot show results." The doctor advocates demonstrations of the teachings. The student is in the position of the Missourian. He has to be shown.

Dr. N. B. Delamater, of the now Hahnemann College of Chicago, has many good things to say of college teaching in Chicago, its thoroughness, clinical facilities, etc. He believes that the mongrel tendency of some students is acquired after they leave college, and that indolence and laziness are accountable therefor, and suggests as a remedy the organization of local societies to meet and compare notes at frequent intervals, which suggestion is one of the best of the series.

Finally, Dr. William Boericke, of the Hahnemann Medical College of the Pacific, shows something of what State boards are doing, and points out a possible danger. He says:

"Say what you will, these State examining boards will determine for us the relative importance of the different branches of medicine so far as the college must recognize them. This results in the relative side-tracking of Homœopathy." He advocates the turning of some of the weaker homœopathic colleges into homœopathic special schools, possibly as feeders to the larger schools. He believes it is our function to make Homœopathists.

This excellent symposium is a master stroke by our esteemed Rocky Mountain contemporary, and we are glad to be privileged to bring what appears to us, some pregnant points before our readers.

EDITORIAL BREVITIES.

The Executive Committee Meeting.

The Medical Century, which has always stood for a union of forces in our national organization, desires to compliment the Executive Committee in its enthusiastic work accomplished at its recent meeting. The program seems a most excellent and feasible one; it will doubtless be well rounded out and presented to the profession at an early date. Especially are we pleased with the invitation to the O., O and L. Society to become affiliated with the Institute. There may possibly be some points in the resolutions presented by the committee that will have to be changed or modified, but the plan as presented will meet with the approval of the majority of the Institute members, and we believe also the majority of the members of the O., O. and L. Society. Provision is made for the publishing of the transactions of this Society, for its own self-government, and for the taking in of its members into the Institute if there be any members of that body who are not Institute members. That Society passed a resolution some years ago that its members should within a specified time become members of the Institute, and the time allotted for the action has expired, and, therefore, it is presumable that all its members are now Institute members. We need a department of the eye and ear in the Institute, and we trust that the Institute will ratify the action of the Executive Committee, and that the Society will not hesitate to accept the invitation. We believe also that the resolution making the presidents of the affiliated societies members of the Executive Committee will add strength to the organization. All this makes the outlook for a banner meeting next June a bright one. Let us now get busy for a large attendance and a large accession of new members.

Treatment of Epilepsy.

We have been asked to speak editorially of the treatment of epilepsy. It may be divided into palliative and curative, and palliative with us does not alone consist in diminishing the number of seizures. We have a large number of remedies that we may style paliative; they lessen the attacks, they pave the way to curative remedies, they permit the improvement of the patient's general condition, and they aid greatly in a cure. Such remedies are Ignatia and Hydrocyanic acid in recent cases, Belladonna, Hyoscyamus, Stramonium, Œnanthe crocata, Solanum Carolinense, Cicuta, Curare, Zizia, and the various bromides as indicated, for each of these has its own special indications, and we should follow them closely if we wish even only to palliate. None of these remedies ever cured a case, we believe. We have seen Œnanthe reduce fits from twenty-four a day to one every two weeks, and the patients brightened up under its use, but do not believe that unaided it ever cured a case.

The curative remedies in epilepsy, and there are many, are those which reach the root of the evil, the patient himself. Calcarea, Sulphur, Borax, Natrum muriaticum, Sepia; Sepia is a fine remedy and will be not infrequently indicated, Cuprum, Silicea, Argentum nitricum, etc., prescribed on the pure totality of the symptoms, will do all that can be done. The closer this totality is followed the longer one works on the case to arrive at the constitutionally indicated remedy the more brilliant will be the results.

One word about administering the remedies. We believe the experience of our best observers goes to prove the efficacy of the higher potencies in rather infrequent doses in the treatment of this disease. Yet undoubtedly cures have been made with the low and lowest potencies. The question of potency is not to be decided dogmatically in favor of one of the other side. Patient investigations and experience alone can determine which will be preferable in certain conditions, and all grades from massive doses of the crude drug to the most enigmatical fluxion potency of a Skinner or Swan will be required in the treatment of all nervous diseases. Both high and low do cure, and any physician at all accurate in his observations will know of cases that have been cured by high potencies of the same drug after the low had failed, and just as certain is it, that the low effect a cure after the high have disappointed us. In general, the lower potencies are needed to palliate and start the cure and the higher to complete the same.

New Move for Hering College.

It is with pleasure that we learn and are able to announce that Hering College, of Chicago, has purchased the old Chicago Homœopathic College building and took possession thereof on January 16th. The faculty have also been invited to take positions on the staff of the new Frances Willard Hospital just built at a cost of about $100,000, which is to be immediately occupied. Hering College will have the privileges of the floor in this hospital, which is located only two blocks from the college building.

An invitation has been extended to several members of the old C. H. M. C. to enter the faculty of Hering and it is quite likely that they will do so. This move of liberality on the part of Hering will not only meet with favor everywhere, but strengthen the college in a marked degree. It really looks as if we were to have two strong colleges in Chicago after all. We hope that success will follow Hering in its new home.

Editor's Table.

GENERAL NOTES.

Dr. H. C. Brigham, formerly of Grand Rapids, Michigan, is spending the winter in Italy.

Dr. E. Petrie Hoyle writes us, from London, appreciatingly of our essays for missionary purposes.

The annual practitioners' course of the New York Homœopathic College for 1905 is announced to occur from May 1st to May 20th.

Dr. James Searson, of London, sends us season's greetings, and promises a contribution to our pages in the near future.

Dr. H. F. Biggar has issued a circular letter to the alumni of the Cleveland Homœopathic College, offering some criticisms and urging united action for the good of the institution.

Dr. N. B. Delamater, of Chicago, was chosen one of the organization committee of the Illinois Society for the prevention of tuberculosis at a recent meeting in that city.

A man in Duluth, Minnesota, recently fractured a rib by coughing, and a woman in the same State died from blowing her nose too hard. Moral: Don't be strenuous in Minnesota.

Mr. Carl Raue, son of the late Doctor C. G. Raue, of Philadelphia, is a member of the Maxine Elliott Company, and takes an important part in that company.

The Toledo Club of Homœopathic Physicians held a meeting at the St. Charles Hotel on January 9th. Drs. Frasch, Watson, of Toledo, and Dr. Hinsdale, of Ann Arbor, read papers. About thirty-five were present; after which some diet was furnished.

Dr. Florence Ward, says the Pacific Coast Journal of Homœopathy, recently performed a Cæsarian section upon a patient at the homœopathic sanatorium in San Francisco. The result, twins! Both mother and babes did well.

We received the season's greetings from Drs. Juan N. Arriaga, of Mexico City, the able editor of "La Homœopatia;" Dr. Juan Contreras Aquirre, and from Dr. Francisco Justiniani, of Temasachio, Mexico, for which our thanks are herewith expressed.

Drs. Salisbury and Campbell have removed their offices to the Bradbury building, corner of Third street and Broadway, Los Angeles, Cal.

Do not forget the meeting of the New York

State Homœopathic Society at the Ten Eyck Hotel, in Albany, on February 13th.

Dr. W. A. Polglase, of the Lapeer Home for the Feeble Minded, addressed the Detroit Homœopathic Practitioners' Club, on January 16th.

Out of 1,000 prescriptions recently examined in two large drug stores in Philadelphia, 484, or nearly 50 per cent., contained proprietary medicines.

The city and county hospital of Denver, Colorado, has upon its staff for 1905 Drs. Mastin, Clark, Brown, Smythe, Anderson, Hart, Vinland, and Armbruster, of the homœopathic school. It is probable that other names will be added later. Dr. W. H. Sharpley is health commissioner of the city and county of Denver.

Dr. H. F. Biggar is spending a few weeks at Pinehurst, North Carolina, golfing with Mrs. J. D. Rockefeller.

Zerubbabel Kraft has added one more topic for discussion to those we suggested in a recent editorial, namely: "Why do homœopathic professors send their sons to allopathic colleges?" This is a valuable addition to our list, and should have energetic and forcible consideration.

Our friends of the Arlington Chemical Co. have issued a tasty booklet on suggestions for office arrangements, with illustrations of a few of the handsome offices of a number of prominent New York physicians.

The Medical Forum, of Kansas City, supports the candidacy of Dr. W. E. Reily for the superintendency of that insane asylum in Missouri when we get it. We agree with the Medical Forum, and hope, first, that we will get back the asylum, and then that Brother Reily will take hold of it and keep it. We have never known him to let go of a thing yet.

Dr. Edgar C. Statler has completed his services as house surgeon at the Hahnemann Hospital, of Chicago, and has resumed his practice in Allentown, Pa., where he located previous to his internship at Hahnemann.

The Homœopathic Medical Society of Chicago introduced a resolution urging the Governor of the State to reappoint Dr. James A. Egan as Secretary of the State Board of Health. There is no better man in the State for the place.

The Rochester, N. Y., Democrat gives an excellent write-up of the proposed new institute for drug proving launched by the American Institute of Homœopathy at its last meeting. Dr. E. H. Walcott, of that city, is apparently responsible for it. Dr. Walcott is one of the trustees of the new institution.

Drs. Edward Harper, Voorhies and Crebbin, of New Orleans, have offices in the Macheca building.

In the Southwest homœopathic doctors seem to run in families. There are the Dakes, some half dozen more or less in Nashville, Tennessee. The Enloes, two or three in the same place, and the Lines in New Orleans: there being of the latter Drs. D. A., Ezra A. and David M. All seem to be doing a good business.

We accidentally ran across a flock of homœopathic physicians a short time ago who had evidently well-dined, as they were coming out of one of Chicago's popular restaurants. Perhaps some got away, but we noticed President Royal, Secretary Gatchell, and Registrar Horner, of the Institute; Presidents Copeland and Sawyer, of the Sectional Societies; Drs. Foote, of Omaha; Hinsdale, of Ann Arbor, and Fitzpatrick, of Chicago.

The Lord Mayor, of Melbourne, Australia, is Mr. Charles Pleasance, of the firm of Martin & Pleasance, homœopathic chemists of Melbourne.

The first number of the Homœopathic Eye and Ear Journal under the editorship of Dr. John L. Moffat and Dr. A. Worrall Palmer, has arrived on our table. Its style is somewhat improved. It still remains the official organ of the O., O and L. Society, and the query occurs to us: Did the Executive Committee at its recent meeting make any provision to take care of this periodical.

The London Homœopathic Review of Devember, 1904, republishes with flattering comments our call for evangelistic prize essays. We regret that our esteemed English contemporary did not reproduce the same last August, as we might have had competitors from the land of Sharp and the Homœopathic League. Perhaps it is just as well from the standpoint of those who competed here in America. We would be glad, however, if any of our English colleagues would write some articles on the subject for the Medical Century.

Announcement is here made that the prize essay contest for the Biggar prizes closed on January first. A fine lot of essays have been received, that is, fine in numbers, as to the quality, we are unable to judge not having read any of them. We expect to hand them to the committee very soon. The personnel of the committee has not been fully determined upon, but it is to be of non-professional composition. The essays appealing to the laity should be judged by the laity.

Dr. George W. Little, who has practiced Homœopathy for nearly a half century, remembered his patients in Glens Falls, N. Y., on Christmas by distributing over 1,000 souvenir silver teaspoons of a special design.

On the handle are a life-like picture of the doctor, an inscription, "46 years," the time he has been in practice, and lilies and pheasants, of which the doctor is a devoted grower and fancier. A silver pellet is attached to the bottom of the bowl. On the reverse of the handle are a representation of a physician's horse and carriage and a medical man leaning over the bed of a patient. There is this inscription: "Dedicated to the patients who have survived my practice." The doctor's fancy cost him over $2,000.

We have received a combination circular letter from Dr. A. C. Cowperthwaite, President of the Chicago Homœopathic Medical College, and Dr. George F. Shears, President of Hahnemann Medical College, giving reasons for the name, the union and the prospects of the combined colleges. It seems as fair for one as the other. When we remember that Hahnemann is really "Old Hahnemann," antedating Philadelphia Hahnemann in its name some eight or ten years, and when we remember that all but three members of the faculty of Hahnemann resigned in 1876 and made the C. H. M. C., it would seem that a continuation of the name of Hahnemann is eminently fitting and proper.

A banquet will be held at the Ten Eyck Hotel, Albany, on February 14th, in honor of Dr. William H. Watson, of Utica, N. Y. It was largely through Dr. Watson's efforts that the above Society was organized, and during his long and successful life he has given it active and most efficient support. It was also largely through his efforts then far in advance of his time that higher medical education in the State of New York took tangible and satisfactory form as provided in the excellent State Examining and Licensing Boards' law, and he served our school with marked distinction as Chairman of the Medical Committee of the New York State Board of Regents. This is only a slight intimation of his splendid services to the homœopathic school.

The Homœopathic Recorder has the folloiwng:

Speaking of medical examining boards reminds us that the Homœopathists of Texas have their own State Examining Board. They have the authority to license without examination the holders of certificates of boards of other States, whose medical laws are not inferior to that of Texas. The Lone Star is the growingest State in the Union. Has already three and one-half million people, and rapidly increasing. Birth-rate averages three to four times the death-rate. No race suicide there. Yet only seventy-five homœopathic doctors in the State. Homœopathic physicians, capable in medicine, surgery and obstetrics and possessed of staying quality, are invited to come. Fees are good, and many towns of 3,000 to 10,000 population have no homœopathic physician. The Secretary of the Board, Dr Hunter B. Stiles, of Gainesville, Tex., will be glad to render information to any requesting it.

Samuel Worcester, M. D., of Portland, Maine, has given up private practice and joined the medical staff of Dr. Givens's Sanitarium at Stamford, Conn. Dr. Worcester was at one time Professor of Mental and Nervous Diseases at the Boston University School of Medicine, and is one of our leading authorities in this specialty. In 1881 Boericke & Tafel published his "Insanity and Mental Diseases," the first work written on the subject by a homœopathic physician, and still in use as a text-book in our college. Dr. Worcester is a senior member of the A. I. H., ex-president of the Vermont Society, ex-vice-president of the Maine Society, and an honorary member of several other State organizations. A man of scientific attainments and of marked literary ability, it is to be expected that his work at Dr. Givens's Sanitarium will not only be for the benefit of the patients in the institution and still further enhance its reputation, but prove of lasting value to the medical profession.

A meeting of a conference committee of the Intercollegiate Committee of the Institute was held in Chicago on the evening of January 6th. Several of our western colleges were represented by faculty members. Dr. Royal, of the Iowa State University, discussed the topic of reciprocity among the colleges; Dr. H. R. Chislett, of Hahnemann, of Chicago, advocated the establishment of a more intimate intercollegiate association, and Dr. W. B. Hinsdale, of the University of Michigan, discussed the practicability of an intercollegiate series of lectures whereby an interchange of teaching might be had which would enable the student to become familiar with the men of the school and their methods of teaching. The general medical relations among the colleges was also a topic of discussion. It is not improbable that there will be recommended to the Institute the establishment of a post-graduate school under its auspices, said school naturally should be located in Chicago, which is not only the great medical center of the country but especially the great homœopathic center.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

The Sorority at Hahnemann Medical College entertained their friends at an informal dance and reception on Wednesday evening, January 18th. A very pleasant time was had by all of those who were fortunate enough to be invited.

Dr. Edgar J. George spent his Christmas vacation at the home of his parents in Fairfield, Iowa.

Dr. George F. Shears is fortunate in two ways. Not only has he a new staff for the Hahnemann Medical College, composed of the faculty of that school and the men who were formerly associated with the Chicago Homœopathic, but he also opens the year with a new residence at 2911 Prairie ave., which he thinks that he deserves after nineteen years of continuous residence at the old location.

To prove that the combination of the two schools in this city is to be of advantage to the cause of Homœopathy will be the aim of all connected with the new school. The Hahnemann Hospital has just received an endowment of $30,000 as a gift from one of its directors. F. E. Wells has also endowed another bed in memory of Richard A. Wells.

Dr. N. B. Delamater, who has been seriously ill, has sufficiently recovered so as to be at his office part of his hours. The doctor was threatened with pneumonia for a time, but was fortunate enough to escape this dread disease.

The report of the health department of this city shows that the mortality rate is increasing again, and that the grippe and pneumonia are the cause of this increase.

One of the greatest needs of the Hahnemann Medical College at present is a new library building, as the present quarters are entirely inadequate to accommodate the students and the number of books. It is to be hoped that some friend of the school will soon furnish funds so that a new building may be erected.

Dr. R. S. Copeland, of Ann Arbor, Mich., spent a couple of days in this city during the past month.

The Executive Committee of the American Institute of Homœopathy met in this city, January 7th, to arrange the program for the next meeting and to perfect the arrangements for the entertaining of the Institute in June when it meets here.

It is rumored that the great Rush Medical College of this city, which once enrolled over one thousand students, and had a graduating class of over four hundred, has now a total enrollment of about the same number as formerly were in its graduation class. This is the result of the raising of the standard so as to equal the requirements of Johns Hopkins in the East.

The regular meeting of the Homœopathic Association of Chicago was held in the Northwestern University building on Thursday, January 19th, and was well attended by the physicians of this city.

A special meeting of the Intercollegiate Committee of the American Institute was held in this city on Friday, January 6th, at the Auditorium Hotel. It was attended by President Royal, Deans Hinsdale, Chislett, Walton and Mann, and Drs. Horner, Cobb, Gatchell, Copeland, Wilson, and Harkness. In the absence of the chairman, Dr. Delamater, Dean Walton was chosen as chairman for the evening. Addresses were made by Drs. Royal, Chislett and Hinsdale. A plan of organizing a college club was considered, but no action was taken in regard to it, although it was thought that it might prove beneficial to Homœopathy and the colleges. It was decided to take the matter up at a future time again. Dr. Royal suggested that we have more colleges and so supply the demand for homœopathic physicians better. A resolution favoring the forming of an intercollegiate faculty to lecture at the different colleges was offered, but was tabled for further consideration. The sub-committee of five was instructed to consider the establishing of a post-gradute school where physicians might take a special course at any time during the year, and where they might have the best of advantages. It was generally considered to be a good plan to have such meeting of the leading men in the school each year at about this time of year.

The staff of the Cook County Hospital, the largest county hospital in the West, has been reorganized. The president of the county board has determined that this year the appointments should be as much as possible divorced from politics, and that the appointments should go to the best men. There were, therefore, appointed twenty-five of the most prominent physicians and surgeons in the city to form a nominating committee, it being understood that these men did not desire appointments on the hospital staff. These men met and selected a staff. Drs. Shears and Cowperthwaite represented the homœopathic side. The divisions was made upon the number of each school practicing in the county. This gave to the Homœopaths twelve appointments. Upon the recommendation of our representatives the following were appointed: Surgeons, C. E. Kahlke, J. A. McBurney, F. C. Titzell, E. E. Vaughan, G. M. Cushing. Obstetrics, Gilbert FitzPatrick. Eye, Ear, Nose and Throat, Burton, Haseltine. Children and Contagious Diseases, A. M. Cameron. Medicine H. V. Halbert, A. R. McDonald, Frank Wieland, and F. W. Wood.

The nominating committee, after its duties are completed, resolved themselves into a consulting staff, to whom are referred matters of general policy. The consulting staff have also the privilege of conducting clinics with the consent and co-operation of the attending staff.

KANSAS CITY NOTES.

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

Kansas City is in the midst of a great religious revival. The goal is 5,000 converts. There are 100 homœopathic physicians in Kansas City; grand total, 5,100.

The Missouri Institute of Homœopathy meets in Kansas City in April. The secretary, Dr. Mellies, of St. Louis, reports that the chairmen of the several bureaux are after good men and good papers, and that they are getting them. The officers hope to surpass the great meeting in St. Louis last year in point of attendance and in the number of attractive papers.

The homœopathic profession in and about Kansas City will be glad to know that Dr. William Davis Foster (dean of the profession here) has been selected to write the history of Kansas City, —college matters—homœopathic, for the "History of Homœopathy and Its Institutions in America," now in preparation, under the able editorship of Dr. Wm. Harvey King, of New York.

Kansas City has adopted the badge scheme for physicians. The badge is a metallic red cross with a number in the center, and has a "silver lining."

Dr. Wm. Davis Foster saw the ordinance safely through the City Council.

The serious illness of the wife of Dr. H. F. Fisher is resulting in her recovery. Dr. Fisher's aged father is also seriously ill at the home of his son.

Dr. H. A. Barber has resigned the chair of obstetrics in Kansas City Hahnemann College. Dr. Barber contemplates a move to the suburbs of Kansas City, where he hopes to secure a well-earned rest.

The Kansas City Hahnemann College has inaugurated a plan for night school work with lawyers, the idea being to familiarize the legal profession with matters medical. The project is not yet well enough advanced to be pronounced a success. The several members of the faculty take turns in lecturing upon anatomy, the principles of surgery, etc.

Dr. E. M. Pendur has been elected Registrar of Kansas City Hahnemann College, to succeed Dr. B. B. Andrews.

Dr. Lloyd G. Van Scoyoc returned to his home in Los Angeles after a somewhat extended visit in Kansas City.

Dr. W. J. Gates, of Kansas City, Kansas, has been made one of the members of the Board of Health of that city.

The construction of Kansas City's new municipal hospital is now well under way, and its completion is promised for the spring of 1905. Just what representation is to be allowed the Homœopaths by the dominant school has not as yet been determined.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Tuesday evening, January 3d, the election of officers of the Washington Homœopathic Medical

Society was held with the following result: President, Dr. J. B. G. Custis; Vice-President, Dr. E. S. Lothrop; Secretary, Dr. Marvin Custis; Assistant Secretary, Dr. J. H. Branson; Treasurer, Dr. C. A. Davis; Historian, Dr. C. B. Gilbert; Board of Censors, Dr. George Hyde Leet, and Dr. Ira W. Dennison; Advisory Board, Dr. Richard Kingsman and Dr. L. B. Swormstedt.

On account of a severe storm which was in progress at the time, the meeting was a very small one. Dr. George E. Lewis, of Rockville, Md., read a paper, entitled "Maryland as a Resort for Tubercular Patients." He spoke of change of air being of great benefit to patients with tuberculosis, even when the change covered only short distances. Rockville, the doctor's home, being 500 feet above sea level, was mentioned as a convenient location for the business man whose daily work confined him to Washington. The greatest elevation in the State being at Deer Park, nearly 2,500 feet, was mentioned, but seemed to have one objection, that of dampness. He reported one case he has under treatment at present, the patient using a tent in the yard in summer, and an upper porch in winter, practically living out of doors all the time.

Dr. J. B. G. Custis, in discussing the paper, wishes to get the Government interested in this subject, as the only government hospitals for such patients are now located west of the Mississippi River.

Dr. Gilbert spoke of the elevation on the mountain near Pen Mar, which seemed to be above the dew line, and favored it for its dryness.

Dr. Swormstedt mentioned the dampness at Saranac Lake, and did not regard it as particularly unfavorable.

Dr. Lothrop spoke of a case of pneumonic phthisis which had been treated at the Washington Asylum Hospital in the tent colony which they have established there. The location of this hospital is practically at sea level. The case was greatly benefited, though not entirely cured.

At a meeting of the staff of the National Homœopathic Hospital held at the office of Dr. Dennison, December 16th, Dr. H. I. Silvers was assigned to the position of surgical assistant, in place of Dr. F. A. Swartwout, resigned.

At a meeting of the said staff at the office of Dr. King, December 29th, assignments were made to the various departments of the hospital for the ensuing year; there being no special changes, the staff were assigned practically as last year.

A reception and dance were given at the Homœopathic Hospital by the nurses on the evening of December 28th; a number of their friends were present, and the occasion was enjoyed by all.

Dr. John R. Sharp was married December 21st, at Kenton, Ohio, to Miss Margaret E. Otis.

On December 14th the Clinical Club held a meeting at the office of Dr. William R. Buchanan.

The Medical and Surgical Club met on December 15th at the residence of Dr. L. B. Swormstedt.

Mrs. Sarah R. Corey, widow of the late Dr. W. F. Corey, died at the residence of her daughter, in this city, January 2d, aged 69 years.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. A. E. Higbee, of Minneapolis, has recently been out on his annual hunting and fishing trip.

Drs. R. R. Rome and Geo. E. Dennis, of Minneapolis, have both been afflicted with the shingles, and strange to relate neither one enjoyed the affection, mild as it may seem.

Dr. —. —. Thayer, of the Third State Hospital at Fergus Falls, was a town visitor recently, having been visiting the various State institutions throughout the southern part of the State.

A fine but unintentional compliment was recently paid the personnel of the homœopathic school by a prominent old school of Minneapolis.

Dr. E. A. Wright and family, of Colfax, Wis., were recent Minneapolis visitors.

Dr. Andrea E. (Branti) Hall, of Virginia, Minn., formerly practiced at Hudson, Wisconsin.

Dr. E. H. Smith and wife, of Bemidji, were recent Minneapolis visitors.

Dr. D. C. Fowler, of Aberdeen, S. D., was in Minneapolis several days recently on his return from an "old home" visit in the East.

Dr. Geo. F. Roberts, of Minneapolis, has been suffering from a badly sprained ankle, and in consequence has paid up his accident insurance in full.

Dr. R. R. Rome, of Minneapolis, has been in Buffalo, N. Y., recently.

Dr. Genevieve Tucker, of Pueblo, Colo., formerly of Northfield, Minn., has given up practice and will devote herself to literature, so we learn from Progress.

At the December meeting of the Minneapolis Homœopathic Medical Society, Dr. Henry C. Aldrich read a paper on cancer of the liver, and illustrated with a case he had recently operated on. The election of officers resulted in Dr. Geo. W. Haywood being made president, and Dr. W. B. Roberts secretary.

Dr. Mary N. Conrad, formerly of Mt. Morris, N. Y., has located at 1124 E. 1st street, Duluth, Minn., so the Medical Visitor tells us.

Dr. R. D. Matchan, Minneapolis, was recently in Chicago.

Dr. R. R. Rome was recently in Chicago and Buffalo, N. Y.

Mrs. Pollie Hardwick Munns, of Seattle, Wash., daughter of Mr. and Mrs. Thomas Hardwick, of St. Paul, and Dr. Thomas Jefferson Gray, of Minneapolis, were married in San Francisco, December 31st, at the home of W. G. Adams. After a short wedding trip through California, Dr. and Mrs. Gray will be at home at their residence, 626 Ninth street S., from February 15th.

The January meeting of the Minneapolis Homœopathic Society at the Masonic Temple brought out a goodly attendance under the new officers, Drs. Geo. M. Haywood, President, and W. B. Roberts, Secretary, and an extremely interesting discussion of papers by Dr. G. E. Dennis, on "Atmospheric Conditions and Their Influence Upon Disease," and Dr. W. B. Roberts on "Moles and Their Relation to Malignancy."

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Materia Medica.

TALK ON MATERIA MEDICA.

BY GEORGE ROYAL, M. D., DES MOINES, IOWA.

The object of a paper or talk before a society like this should be to impart instructions; the instruction should be general, i. e., such as would be helpful both to the general practitioner and to the specialist; or specific, helpful to those who practice some specific branch of the art of medicine.

Feeling the need of help along the line of teaching Materia Medica and realizing that among the members of this Bureau I would find a large number of teachers and future teachers of that subject, I have come to you for the desired assistance. I purpose to briefly outline my ideas and ask you to freely criticise them in the discussion as well as to freely give me your own ideas and methods.

1. Object of Teaching Materia Medica.

On this point surely we can all agree. Should each of you be asked the object of teaching Materia Medica in our homœopathic medical colleges, the answer in substance, if not in words, would be the same, viz., To make our students proficient in the practical use of the various remedies.

Now, to my mind, the two essentials to proficiency in the practical use of remedies are, first, a clear and definite idea of what you want to do with your remedies, and second, a thorough and exhaustive knowledge of what you can do with your remedies.

My old preceptor, my old professors, and your honored chairman (Dr. Nash) no doubt would have stated it a little differently, probably something as follows: The two essentials to proficiency in prescribing are, first, the ability to take the case; second, the ability to find the remedies covering the totality of the symptoms. And even a youngster like myself in Materia Medica understands this phraseology; but as I shall endeavor to show the former statements are not only more comprehensive but also "up-to-date."

2. First Essential.

What, as a teacher of Materia Medica and therapeutics, I have to do with this first essential is done during the fourth or senior year, and is done at clinics during the three preceding years. The student has been taught anatomy, physiology, chemistry, pathology, physical diagnosis, and all their subdivisions. In the Materia Medica and therapeutic clinic I believe he should be taught to make practical use of all these subjects in obtaining a clear and definite idea of what he wants to do with his remedy or what he wants his remedy to do.

To accomplish this I have the student question and examine the patient, not only to that extent which he has been taught by his professor of theory and practice, for the purpose of making a diagnosis, but also for the further purpose of bringing out the sensations and modalities. This examination by the student is made in the presence of the class, the members of which are required to write the answers to the various questions (for I am a firm believer in the advantage obtained from writing out a case). After writing the symptoms each member of the class is required to analyze them something after this manner: The patient is suffering from irritation of the cerebro-spinal nervous system caused by attending the banquet of the New York Homœopathic Medical Society, producing a perverted peristaltic action of the alimentary canal, altering the secretion and excretions of the same, resulting in ineffectual urging to stool, a dull frontal headache on waking in the morning, sour eructations, etc., etc., underscoring the characteristic symptoms and modalities.

In other words, the student should be drilled for the purpose of forming the habit while "taking his cases" of deciding in what tissue or organ there is or has been discord of the chemical forces, and what the result of that discord is, whether an irritation, an inflammation or exudation, hypertrophy, atrophy or an increased, diminished or perverted excretion or secretion.

This done you see how naturally the question, "What drug acts upon the cerebro-spinal nervous system producing irritation and the results stated above," presents itself.

3. Second Essential.

This brings us to our second essential, "A thorough and exhaustive knowledge of what you can do with your remedies." In order that our graduates may have made a beginning towards attaining this "thorough and exhaustive knowledge," they study remedies during the entire four years of their medical course.

The first year is spent in committing to memory the grand characteristics, paying special attention to the mental symptoms and modalities. For this purpose I have them use as text-books Dewey's Essentials, Allen's Keynotes and Boericke's Materia Medica. I spend no time during this year in trying to explain these symptoms. In fact, many symptoms --our most reliable symptoms—I cannot explain.

During the second year we take up the "Tissue proclivity" of remedies. This I call the physiological action of drugs, for not only do I teach the tissue or organ for which each drug has a "Proclivity" (our old elective affinity, Mr. Chairman), but as far as possible the specific action of each drug upon that tissue or organ, whether it be an irritation, an inflammation, an exudation, ulceration, atrophy, hypertrophy, etc., etc.

In this way the remedies are arranged for memorizing into classes according as they act upon the nerves, glands, blood, etc.

For this year's work our school has no suitable text-book.

During the third and fourth years I take up these different groups or classes into which the second year's study has divided our remedies and differentiate between those belonging to each class. This I do by a careful study of the symptoms and groups of symptoms found under the different remedies. I say groups of symptoms advisedly, because the symptomatology of many even of our polycrests is meaningless when taken as a whole; but when separated into groups corresponding to similar groups to which we have given names by which we recognize different diseases, their meaning and practical utility become as clear as the midday sun.

Let me illustrate: Take Arsenicum and read to the students the hundreds of symptoms as you find them in the day books of the provers, or as arranged in schema form in Hering's condensed, Cowperthwaite or even Boericke's Materia Medica, and what a bewildering, discouraging, disappointing, meaningless conglomeration you have! Surely no one would be found guilty of idolatry if he should bow down and worship this mass, for it bears no similitude to anything under the heavens. But select and group together the restlessness, the scanty, albuminous urine, the flushed face, the puffiness beneath the eyes, and the thirst, or the restlessenss, the scanty urine abounding in casts, the pale, puffed, waxy, cadaverous face, and the general œdema, or again the restlessness, both mental and physical, the rapid prostration, the black sordes of teeth and mouth, the water, dark-colored stools, and how quickly even the student recognizes one of the many pictures presented by acute nephritis, chronic Bright's disease, or typhoid fever as we call such manifestations.

So I go on arranging the symptoms of Arsenicum into the various groups which we find correspond to many gastric and skin diseases which we meet in everyday practice. The first group is then carefully differentiated from a somewhat similar one found under Apis and Cantharides, the second with those of Mercurius corrosivus and Phosphorus, the third with those of Baptisia and Rhus, while the gastric and skin groups with other remedies having a tissue proclivity for skin and stomach. For the purpose of differentiating the different drugs of a class, the text-books I have found the most helpful are: Farrington's Clinical Materia Medica, the clinical of Allen's Handbook and Lilienthal's Therapeutics.

The Importance of Clinics and a Prover's Class.

I feel that a professor of Materia Medica and therapeutics, in order to do the best work, should conduct a regular clinic. It is as essential for him as for the professor of any other department. One-fourth of the entire time should be devoted to clinics. In the clinics is the place to teach not only how to carefully examine the patients for the purpose of obtaining the totality of symptoms, and the use of the various repertories, but the clinic offers the best opportunity for showing the similimum or most similar remedy.

Of equal importance with the clinic in teaching Materia Medica is connected the prover's class. For various reasons I select the junior class for the purpose. For special observation a senior is assigned to each prover, and spends as much time with him as possible. For general observation the entire prover's class is obliged to report regularly each day at the class room. Each professor in charge at the time makes the careful examination in his specialty in the presence of both junior and senior classes.

Dose and Repetition of Same.

Although our professor of toxicology gives a thorough course in the symptoms and treatment of acute cases of poisoning, nevertheless I devote a good deal of time to the clinic toxicological group of the poisons so that the students may be able to recognize and differentiate them from similar groups of symptoms, the result of acute causes. While we are studying the groups I give for each my experience as to the dose and repetition.

DISCUSSION.

The following questions were asked Dr. Royal:

1st. How do you arrange so that the provings do not interfere with the other studies of the provers during the provings?

2d. What do you do as to diet, habit of smoking, etc., during the proving?

3. Dr. Van Den Burg, of New York: I wish Dr. Royal had put more time on his second essential, and told us what he teaches his students they can do with remedies. Does he teach that anything is incurable? I hope he will tell, us in closing, the discussion.

Dr. Nash, Chairman.

I have enjoyed Dr. Royal's talk, and must differ with him in some respects. However, all roads lead to Rome or should with Materia Medica teachers. He and I strive for the same end, but we go by different roads. I do not think it wise to teach students "tissue proclivity," "eletive affinity," at the beginning of the student's career, as Dr. Royal says he does. That should come later. I do not teach pathological Materia Medica at all. I believe I can abort typhoid fever: in fact, I know I can not only in typhoid fever but in other conditions, which, if permitted to go on, may produce pathological conditions I believe the similimum will prevent, and I so teach. I believe in encouraging, never discouraging, our students in what they can do with their remedies.

Dr. Royal (In closing Discussion).

I will first endeavor to answer the questions. While our junior class is proving a drug they are relieved from other work in our college. The effect is twofold; first, the student can devote his entire time to the proving, and second, it impreses upon him the importance of the proving.

And the proving is important, gentlemen. If the clinic is the most positive force in teaching the student what he wants to do with his remedies, the prover's class is the most positive force in teaching him what he can do with his remedies. This knowledge of drugs would greatly increase the faith of our students in the efficacy of their remedies, something we cannot have too much of at any time.

Now, in regard to Dr. Van Den Burg's question: I try to be honest with my students. I try to teach them that there are pathological conditions which are incurable, certainly after they have reached a certain point or stage. I also try to teach them what these conditions are which are incurable By so doing I feel sure I save my graduates many a bitter disappointment and prevent others from leaving us and wandering in the wilderness of allopathy. For incurable diseases I believe in palliatives, and I believe in teaching our students not only the remedies to be used as palliatives, but when to use them, the dose and the manner of administering them. (Applause.)

And, finally, I want to say to my friend, the chairman, that I stated that I began by teaching the freshman class the grand characteristics of the remedies; therefore, we start on the same road for Rome. [N. Y. State Hom. Society, February, 1905.]

LACHESIS.

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

Physiological Action.

Like all the serpent venoms its action is directly upon the blood, destroying its vitality and inducing a great variety of disorders characterized by disintegration of tissue. The nervous phenomena of Lachesis are peculiar and characteristic. Note particularly the universal distress which increases during sleep and wakes the sufferer in agony and fright, also the extreme sensitiveness of affected parts (out of proportion to the severity of the disease).

It is not to be compared with any other substance, except, in a very general way, with the serpent poisons.

Symptomatology and Therapeutics, Generalities.

Emaciation, with suffering and weakness. Trembling as from anxiety, without anxiety (Argentum nitricum, Cimicifuga, Gelsemium); sensation of faint-like trembling, jerking, suddenly of whole body when sitting, starting from below. Swelling gradually extending over the whole face so that the eyes were closed (Apis). Rheumatic pain in left side, then in right, and frequently alternating. Intolerance of lightest touch, it almost puts him into a rage. Longing to get into the open air. Restlessness, driving him into the open air. Necessity to do everything very rapidly. Inclination to lie down; worse eating. Feeling as if the body were overwhelmed by a disintegrating tendency, with sinking of all forces. Weakness, in morning on rising, worse arms and feet; in morning in sleep, on waking general sick feeling, vertigo, feeling of lead in occiput, can hardly raise it, sprained feeling in all joints. He would constantly sink down from weakness. Physical and mental weakness, worse morning; weakness every morning in the beginning, physical, then inclining him to sleep, afterwards mental. Acids disturb the curative action. Aggravation in P. M.; after every sleep; during rest; a few hours after eating; smoking tobacco; from wine. Amelioration from opening clothes, with faintness; from eructations; after coffee; in open air during the pains in abdomen.

The blood is dark colored and does not coagulate. It is often indicated in persons of a phlegmatic constitution, with disposition to melancholia and indolence. It is probably most frequently indicated for persons with dark eyes and dark complexions. Phlebitis following pregnancy. Cures of epilepsy have been reported. General dropsy, with blackish, offensive urine and dark, purplish or bluish skin, especially valuable in the ascites of drunkards. Very valuable in suppurating wounds or in abscesses which threaten to become gangrenous. Valuable in all typhoid types of disease when the indications of the drug permit, especially when there is tendency to loquacity, to offensive discharges or exhalations, and a dry, red tongue. Valuable for the effects of sunstroke, especially if the person is in the habit of using alcoholic stimulants, particularly if the face is dark red and limbs cold. Extreme prostration with tendency to disorganization of the blood. The complaints of lachesis are mostly on left side, nearly always worse in sleep, so that the patient is awakened by distress.

Mind.

Lively and wide awake for a long time in the evening. Loquacity, in evening, in evening during the fever, in evening with animation, with vivid imagination and impatience of tedious things. Disinclination for his own proper work. Sitting up late at work, with great activity. Ideas crowd upon him when writing so that he cannot finish the record. Confusion as to time. Mistakes in writing. Memory weak. Useful in

Mental Alienation.

Thinks that she is not at home, or thinks that there are robbers in the house and tries to escape; great aggravation from alcoholic drinks. Dementia with extraordinary loquacity. Religious melancholia. Delirium tremens; loquacity; suffocative feeling about the throat. Muttering delirium. Insane jealousy.

Head.

Sticking, extending into eyes. Aching, with nausea, extending into nose, extending into root of nose; dizzy with flickering before eyes. With rush of blood, with heat in head.

Vertigo in morning on waking, worse closing eyes. Pain above eyes extending to root of nose (Ignatia); throbbing above right eye, with nausea, bad taste and heartburn; as if swollen in angle in front of styloid process, worse on pressure. Sticking in vertex, with boring. Pain in right side extending to neck and shoulders, with tension in muscles. Numbness on left side in evening and morning, with crawling. Leaden heaviness in occiput in morning on waking, can hardly raise it, with vertigo. Sensitiveness in left temple from vertex down, and in left half of face on touch or moving muscles, as in laughing, chewing, etc.; a sensation as if sunburnt. We find Lachesis of benefit when we have headache always worse rising in morning. Neuralgic headaches which concentrate at the root of the nose or extend into the face and eyes, or even to shoulders. Meningitis, pain in vertex, spreading over the whole head. Terrible neuralgic headaches, with tearing worse left side, better warm applications. Headaches from exposure to cold (Glonoin). Chronic neuralgic headaches, always worse right side, pulsating, extending into neck, which became stiff and swollen. Neuralgic headaches starting in vertex and spreading over the head. Threatening apoplexy, especially in drunkards.

Eyes.

Sticking, drawing pain in right in P. M., extending to vertex.

Vision.

Dim after much reading, with black flickering; it often makes reading difficult. Dim in evening, with a bluish-gray ring around the light. Sensitiveness to light. Flickering of right eye, with jerking in it and congestion to head, as from threads or rays of sunlight; in peculiar zigzags, with congestion to head and headache. A blue ring about the light that was filled with fiery rays. A fiery ring about the light with fiery rays.

Lachesis is prescribed in

Neuralgia.

Of the orbit, worse left; the eye feels as if it had been squeezed. It is particularly useful for affections of the optic nerve and retina, rarely indicated in external inflammatory diseases. Particularly valuable for hæmorrhages of the optic nerve and retina, with consequent dimness of vision; this apoplexy may occur in persons who have no albuminuria. Retinitis hæmorrhagica (idiopathic). Cellulitis of orbit (compare with Rhus toxicodendron). Asthenopia following diphtheria, a paralysis of accommodation, necessity to wear far-sighted glasses (Gelsemium).

Ears.

Pain with sore throat. Whizzing as of insects. Hearing diminished. Pain in ears, generally extending from the throat and zygoma into the ear; it has been found useful for inspissated cerumen, in deafness with great sensitiveness; these symptoms are usually associated with diseases of the throat or of other parts of the body.

Nose.

Catarrh, with soreness of nose, with sticking in head and stiffness of nape. Many symptoms end with catarrh. Bleeding of thick, dark blood; dropping of blood; trickling of blood on blowing. In

Coryza and Ozæna.

When the general symptoms indicate the drug. Sometimes in low forms of typhoid indicating Lachesis there may be dark hæmorrhage, also dark hæmorrhage in amenorrhœa. With the sore throat there may be obstruction of the posterior nares and discharge of bloody matter from the nostrils, and often soreness of the nostrils and lips.

Face.

Swelling, with heat and redness of cheeks, with redness of face; erysipelatous, right eye almost closed. Earthy, gray, with abdominal troubles. Tearing in zygoma, extending into ear. In

Facial Erysipelas.

With great swelling and purplish appearance. Neuralgia of the face. Flushes of heat, especially at the climacteric.

Mouth.

Raging in roots of lower teeth, periodic, always after waking, after eating and from warm and cold drinks, often extending through upper jaw to ear, with tearing, sticking pain extending through jaw to ear. Feeling as if teeth were too long when biting them together.

Gums.

Bleeding, swollen and spongy. Burning pain and rawness, then aphthous and denuded spots. Soreness and dryness, mucous membrane cracked and bleeding, tongue swollen and covered with blisters on each side. Dryness and thirst. In

Toothache.

With swollen, bleeding gums; gums sometimes dark purplish. The tongue is usually red, dry and tremulous or the tip is red and the centre brown, sometimes there is a red stripe through the centre (Veratrum viride). It is often indicated in canker sores on the tongue and in aphthæ of the mouth. Gangrene of the mouth. Paralysis of tongue; it cannot be protruded, it catches in the teeth.

Throat.

Sensitiveness to external pressure, in evening on lying down, with suffocative sensation, even to touch of the linen, during evening fever, sometimes with nausea; and neck, no position is comfortable, extending to nape, with sticking on swallowing and scraping on swallowing bread, as if everything were raw; dryness of throat, without actual dryness of tongue. Ulceration, with soreness and difficult swallowing. Hawking of mucus after a nap in daytime, with rawness in throat. Sensation as if a crumb stuck, obliging her to swallow. Ulcerated feeling on swallowing. Pain, posteriorly, at side of larynx, better eating; in pit, extending to root of tongue and into hyoid bone and to left tragus, behind which it shoots out, with pain on touch; in left side, extending to tongue, jaw and into ear, worse breakfast, tongue sore on left side, with sticking here and there; left side of face and lower jaw swollen and sensitive to touch. Soreness, worse evening, with pain in left side in children, with tossing about and moaning, with feeling in pit of stomach as if something were swollen and would suffocate him; it cannot be swallowed. Feeling of a painful lump on swallowing. Swollen feeling on swallowing, on empty swallowing, worse when eating. Rawness, with swelling, painful on swallowing, worse drinking. Dryness at night on waking, without thirst, with suffocative sticking. Crawling in the ulcer causing hacking cough. Swallowing difficult, more of liquids than of solids, of saliva not of food. Pain on empty swallowing, not on swallowing food. In

Swelling of submaxillary and salivary glands. One of the most frequent uses of Lachesis is for sore throat; in all the ulcers and diseases of the throat requiring this remedy there is extreme sensitiveness externally to the slightest touch, which causes a feeling of suffocation, all bands around the throat must be loosened; internally the throat is swollen and suffocation threatens. A feeling of a lump in the throat wakens out of sleep. There is great difficulty in swallowing, especially when not swallowing food; liquids are apt to regurgitate through the nose. The left side of the throat is chiefly affected, or the trouble has extended from left to right. It is called for in various phases of disease, from simple tonsillitis and pharyngitis to the most terrible and destructive diphtheritic process; in the latter disease, and, indeed, in nearly all cases requiring the drug, the throat is purple (not bright red and œdematous like Apis). It is not only indicated in diphtheritic and ulcerative diseases, but in certain phases of scarlet fever with gangrenous throat. In all the diseases of the throat indicating Lachesis there is usually pain, sometimes sharp, which is apt to extend from throat into the ear, on left side. Elongation of uvula, with constant efforts to clear the throat.

Stomach.

Appetite increased, at one time good, at another lost. Longing for oysters. Thirst, with dry tongue and skin. Nausea, in forenoon, from anything tight on throat, with aching in abdomen and stomach as if he would faint, necessity to loosen his clothes. Sticking extending to chest. Pressure, after eating, with weakness in knees. Painless gnawing, then gnawing in sides, extending across under ribs deep in abdomen. In

Cardialgia and Indigestion.

Great soreness of the pit of the stomach to touch and intolerance of the clothes. It has been found useful at the period of black vomit in yellow fever and sometimes in the vomiting of pregnancy. It is a valuable remedy for the gastritis of drunkards and for weakened digestion after mercury.

Abdomen.

Distention in morning on waking, with sensation as if the inner parts or ligaments from stomach were stretched, so that she must wear the clothes, especially about the stomach, very loose; even in bed she must pull up the night dress; she dares not lay the arm across the abdomen; with hardness.

Valuable in inflammation of the liver, threatening to develop an abscess. Sometimes in the distress from gall-stones; the liver swollen and very painful, with dirty yellow color of the face and numerous other symptoms. Note particularly the intolerance of clothing over the hypochondriac and epigastric regions. It is extremely valuable in typhlitis and in the late stage of peritonitis, with aggravation from sleep and intolerance of clothing. It may be noted here that the right side of the abdomen presents numerous symptoms of this drug, while in the throat most symptoms are on the left side. The abdominal symptoms have pointed to its use in metritis and peritonitis, in dysentery, in dysmenorrhœa, in inflammation of the ovaries: in short, in a great variety of diseases of the abdominal and pelvic viscera, usually of an adynamic type, with the characteristic symptoms of the remedy. Hæmorrhage from the bowels in typhoid fever, sometimes with nosebleed, the hæmorrhages consisting of decomposed blood.

Rectum.

Protrusion after stool; protrusion, then painful constriction of anus. Stool lies close to anus without passing and without urging. Pain in evenings, then diarrhœa, then throbbing as with hammers in anus.

Anus.

Beating as with hammers. Spasmodic pain before and after stool. Burning during and after stool. Closed feeling. Useful in

Fistula.

In the anus, with sensation of beating as of little hammers. Hæmorrhoids which are painful and strangulated, with sticking or feeling of a plug in the anus or throbbing. Strangulated piles, with great constriction of the anus, which makes straining extremely painful.

Stool.

Watery, frequent, with burning in anus. Diarrhœa, sudden, about midnight, with urging, very offensive, ammoniacal. Soft and bright yellow. Pasty and scanty. Bright yellow. Of the odor of putrefying snakes.

The stools of Lachesis are generally very offensive or putrid, and sometimes in low types of disease, involuntary. Diarrhœa, especially in hot weather or in the relaxing weather of spring; diarrhœa in drunkards; during the climacteric, symptoms always worse after sleep; there is generally sensitiveness of the abdomen and desire to loosen the clothing, with more or less tenderness in left side.

Urinary Organs.

Stitching, cutting in fore part of urethra; sore pain in fore part of urethra. Frequent micturition. In

Subacute Inflammation of the Bladder.

With very offensive, dark brown urine and frequent urging. After diphtheria or scarlet fever the urine is very dark or blackish, with a sediment like coffee grounds (of decomposed blood), albuminous.

Lachesis has been found useful in

Venereal Ulcers (chancroid).

When the sore tends to become gangrenous, with the general peculiarities of the drug. Membranous dysmenorrhœa aggravated by alcoholic stimulants, with great pain in left ovary darting upward. A valuable remedy for inflammation of the ovaries, worse left, with violent pain and sensitiveness to weight of clothes, especially if the menstrual flow is offensive; sometimes general relief on the free appearance of the menses. Puerperal metritis, metroperitonitis and fœtid lochia. Valuable for a great variety of troubles at the climacteric, especially for metrorrhagia, fainting turns, hot flushes, hot vertex, flatulent distention, pain in ovaries, exhaustion from sleep, etc. The most frequent indications for Lachesis in all diseases of the uterus and ovaries are the intolerance of the weight of the clothing and the tendency of the disease to extend from left to right; with these conditions it has cured almost every pathological condition of the female organs, tumors, inflammations, displacements, indurations, neuralgias, etc.

Respiratory Organs.

Larynx, swollen, raw, scraping, with necessity to swallow. Painful to touch and whole throat. Painful on bending head backward, and throat. Hoarseness with cough, and constant necessity to hawk; the voice will not come because something in larynx prevents which cannot be hawked loose, though mucus is brought up. Cough, in evening, from pressure on larynx; during sleep, of which the patient knows nothing; from increased fluid in larynx; worse after sleep. Dry cough; dry, hacking from touching throat, also in morning and from smoking. Cough without expectoration in a child in evening on lying down and in sleep, sometimes awakened thereby. Hacking cough and violent, from crawling in the ulcer in throat. Violent tickling from contact with open air, with expectoration of mucus. Expectoration of blood; difficult expectoration becomes loose. Suffocative sensation if anything reaches larynx; suffocative sensation, with the throat troubles. Respiration difficult; constantly obliged to take a deep breath, worse sitting.

In various forms of laryngitis, aphonia, catarrhal or paralytic; laryngitis, catarrhal, croupous or diphtheritic; in all these forms of disease there is extreme sensitiveness of the larynx to external touch, and especially a feeling of suffocation and contraction, so that the patient cannot bear anything tight about the throat; the cough is spasmodic, suffocative and wakens from sleep, the pain extending from left side of larynx into ear. In diphtheritic croup there is a purplish hue of the face, with suffocation, extreme fœtor of the exhalations, albuminuria, great prostration, etc. Whooping cough, the fits repeatedly awaken the child out of sleep. Asthmatic attacks preventing sleep, intolerance of the least pressure about the neck or chest, worse expectoration. The chest symptoms point to the use or the drug in bronchial catarrh and pneumonia of the subacute or chronic form; in these diseases the cough is suffocative and wakens from sleep. In pneumonia when there is threatening abscess with muttering delirium. In threatening paralysis of the lung, with albuminuria, the patient is unable to sleep on account of great distress for breath, or if he falls asleep he is immediately awakened by the necessity to breathe. Dyspnœa so great that the patient has to sit up, cannot lie down on account of suffocative fulness in chest, and cannot bear anything tight about neck or chest. Frequently indicated in coughs of nervous or reflex origin; for instance, from inflammation of ovaries or of pelvic viscera or nervous cough at the climacteric without symptoms of local inflammation. Emphysema. Hydrothorax.

Chest.

Pain, in left; in sternum; beneath left breast; beneath heart and drawing extending upward; in sternum at night; with burning in chest. (Pain at night, so that he could not touch it. Oppression in sleep. Useful in

Inflammation of Breasts.

With suppuration and bluish appearance, extreme sensitiveness of the nipples.

Heart and Pulse.

Cramp-like pain in præcordial region, causing palpitation, with anxiety. Constriction of heart. Palpitation, causing anxiety. She feels the beat of the heart, with weakness, even to sinking down.

It is not infrequently indicated in all the inflammatory diseases of the heart, with the symptoms of palpitation, suffocation, intolerance of pressure about the heart, with pain and numbness in left arm, and a feeling as if the heart were growing up and suffocating him; it is extremely useful in atheromatous arteries and in chronic aortitis, with terrible dyspnœa. Nervous affections of the heart, palpitations; feeling as if the heart turned over, and very irregular action of the heart. Hypertrophy of the heart. Angina pectoris.

Neck.

Nape sensitive to pressure. Stiffness of nape with catarrh; stiffness of glands, extending to malar bone. The pains in the neck are most severe in the cervical region.

Back.

Drawing extending into hypochondrium, with urging to urinate.

Small of the Back.

As if lame and weak. Drawing pain. Drawing extending up back, extending into legs in evening, worse ischia. In

Neuralgic.

Affections of the spine and spinal nerves. Myelitis and neuritis. Neuralgia of the coccyx, worse rising up, must sit perfectly still.

Weakness of arms so that she cannot raise them, they fall down again. Sprained pain in right knee. Weakness of knees after eating. Swelling of left leg and of foot. Burning pain in spots on tibia, with itching, after rubbing a sensitive spot with dark bluish-red margin and dry scurf.

Skin.

Erysipelatous eruption beneath left eye, itching at night; she was awakened by fright about trifles, in the morning the skin began to redden and swell; worse after midday nap, next morning very thick and red with itching; lower lid swollen, red and itching. Sore spots become fungoid, dark red to brownish, with whitish spots, burning on wiping. Boils near spine, with burning, throbbing pain, not suppurating. The brownish-red areola about the ulcers became blackish-blue. Old red ulcer-scars reopened; the open spots were dark red, looking like a flat sponge. Itching over whole body, of face. Lachesis is highly useful in

Purpura Hæmorrhagica.

The whole body is swollen and extremely sore, intolerant of clothing. Tendency to ecchymoses, to bed sores. Indolent ulcers, with bluish-purple color. Carbuncles. Varicose ulcers. Various forms of pustular eruptions which suppurate and become bluish-black. Pemphigus, the bullæ containing decomposed serum with bubbles of gas. Erysipelas of infants. It is not infrequently called for in scarlatina. Fungus hæmatodes. A valuable palliative in congenital cyanosis.

Sleep.

Sleepiness, after dinner, with weakness, without ability to sleep. Overpowering sleepiness; afterwards the troubles in abdomen were worse. Sleeplessness from internal restlessness, abdomen and chest seem swollen, with pain in chest so that he could not have anything touch it. Waking in fright at a trifle. Restless sleep; in children, with groaning and moaning. Constant dreams, with frequent waking; amorous, with meditation.

Fever.

Coldness, in evening, with chattering of teeth and feeling as in trismus. Shivering during the heat; paroxysmal shivering. Chill in back beginning in small of back. Cold feet, with oppression of chest.

Heat as from orgasm of blood, with necessity to loosen clothes about neck; there is a sensation as if they hindered the circulation of blood, with suffocative feeling.

Very often used in chronic intermittent; a tendency to recur in the spring when the weather becomes debilitating, with the general characteristics of the drug.

REASONS FOR OUR SYMPTOMS.

BY F. D. KEPPEL, M. D., GEORGETOWN, KY.

In this paper there will be no attempt to express anything new nor to tell anything at all, but to endeavor to start an investigation with why Aloe, for instance, should have a sense of constant insecurity while Mercury has a never get done feeling in bowel troubles.

We know that in Aloe we have very marked congestion of the pelvic organs. This would cause a filling of the hæmorrhoidal vessels, giving rise to a sensation similar to a fæcal mass pressing upon the sphincters; and may not this very pressure be the secret of the Aloe diarrhœa; the action being simply that of an irritant to the lower bowel? In several cases cited by H. C. Wood the paralyzing effect of Mercury is brought out very prominently. One case in which a man had shaking palsy during the remainder of his life after having slept in a room in which a pot of mercury sat upon the stove. Can it be that the never get done feeling of mercury is caused by a paralysis of the bowel; that the awful tenesmus of corrosive mercury is more apparent than real, being due to the lack of tone in the bowel and the fact that the bowel does not have the power to retract?

Belladonna has congestion due to paralysis of the peripheral inhibitory nerves, and perhaps to stimulation of the ganglia of the heart. Dryness of the mucous surfaces because of paralysis of the nerves of secretion. Stramonium has these symptoms, but its main indications come from its nervous manifestations. Wood says that atropin and daturine are identical, and that the crude drugs may be used for the same symptoms; still we know that this is not a fact. Wherein is the difference?

We, as Homœopathic physicians, have always taken our Materia Medica teaching on the God-said-unto-Moses-principle, and it is time to call a halt to enquire why a certain drug acts in a specified way, if at all.

There are many things that will never be found out to a certainty in regard to drug action, but there are many others which are already known or could be learned by investigation, and the homœopathic student of Materia Medica should have the benefit of it. When we compare our Materia Medica with that of the old school, ours stands out like an arc light compared to a wax taper, and one would suppose that our investigations with the whys and wherefores of drug action would far surpass that of our allopathic friends; but does it? We have only to glance at the enormous amount of work done by such men as Bartholow or H. C. Wood to find an answer to the question. Our writers on this subject have been satisfied with a statement of facts without attempting to give any reason why it is true. We are told that one polychrest causes a congestive headache, in another the pain shifts around; this one is better from keeping quiet, while that one must keep on the move. Would we not have more successful practitioners and fewer running after strange gods if our methods would give us a reason why a drug does a certain way, instead of simply stating the facts?

This paper has wondered all over the subject, but it is like a straight line when compared to my own path in search of a reason why this drug should act this way, while that similar one acted in a different manner.

Can't some of our Kentucky men who have energy, brains and the opportunity to investigate at their disposal write us a book giving the well proven symptoms, and as far as possible the reason why the drug acts thus. (Kentucky Hom. Society.)

Dr. Thomas A. Pierce.

Of Winona, Minnesota, died at his home, January 4, 1905. He was a graduate of the Hahnemann Medical College of Philadelphia in the class of 1850. He practiced in Winona since 1862. He was one of the Medical Century's warm friends.

Therapeutics.

THE TISSUE REMEDIES IN PNEUMONIA.

BY S. S. KEHR, M. D., STERLING, ILL.

The indications for the tissue remedies in pneumonia, in Schuessler's Tissue Remedies, the 1884 edition, are few and clearly stated. In Boericke & Dewey's edition of 1893 a more extended list of symptoms are given.

The following four of the remedies are most frequently indicated, Ferrum phosphoricum, Kali muriaticum, Kali phosphoricum and Magnesia phosphorica, but any one of the other preparations may have to be used as the indications of the case demand.

Schuessler says Ferrum phosphoricum and Kali muriaticum are sufficient to cure most all cases of pneumonia.

Ferrum phosphoricum is limited to the stage of engorgement; it is of no use after exudation has set in, nor is it of use in sthenic cases; first stage hyperæmia, congestion, pain, breathing oppressed, short and hurried, the effects of mechanical injuries, hæmorrhages; in cachectic subjects, slight chill or only chilly sensations. There is but moderate reaction to slight chill; the patient is listless and apathetic, sometimes drowsy.

The initial stage, when occurring in the aged, or in subjects who are feeble, cachectic and reduced by previous exhausting diseases, more especially by the zymotic diseases which are attended by bronchial irritation or secondary pneumonia, such as follows measles, phthisis, typhoid and similar conditions.

Slow reaction to slight chill, fever moderate, extensive crepitant, subcrepitant and mucous rales, dyspnœa, cough with early bloody expectoration, full, rapid and quick pulse; the mental symptoms are of an indifference, face flushed, red or red and dry mucous membrane of the mouth and throat, dry and painful cough with bright, bloody expectoration, with soreness worse on movement or touch. The remedy should be given in the first stage until free perspiration is established.

Kali muriaticum when Ferrum phosphoricum does not complete the cure. It is to be given to clear up the exudation which continues after the fever stage, especially where the tongue is coated white or grayish white, or a heavy, dry white fur.

The second stage with catarrhal conditions affecting the nose, throat, ears or bronchi, as complications of pneumonia.

It is indicated in cases of pneumonia with heart complications and dropsy. The dropsy being generally the first to yield; at the same time the cough becomes looser and the heart improves, as the cough diminishes the consolidation passes off.

Kali phosphoricum, great nerve prostration with sleeplessness, mental disturbance, extreme weakness, shortness of breath, cramps with collapse, putrid mucous discharge, hoarseness with exhausted feeling. Cough from irritation in the trachea. Expectoration thick, yellow, salty, fœtid. Chest very sore. Cough may be spasmodic with frothy, serous masses which are very profuse, threatening suffocation.

Magnesia phosphorica, convulsions or cramps. The cough is generally the true spasmodic, coming in paroxysms without expectoration. Dry, tickling cough with constriction of the chest and throat; darting pains radiate from the bowels to the chest, more on the right side. Cough worse at night, aggravated on lying down. The patient is languid, tired and exhausted. The remedy is especially adapted to lean, thin, emaciated persons of a highly nervous organization, with affections of the right side of the body.

Natrum muriaticum is especially indicated in pneumonia of alcoholics. Loose and rattling cough, mucus raised with difficulty. Cough worse in the morning. Cough with beating headache. Cough paroxysms with involuntary emissions of urine. Mouth and throat covered with transparent mucus with a clean tongue; also indicated when the tongue and pharyngeal mucous membrane is dry, shiny and pale. This remedy is especially indicated in malnutrition and emaciation, anæmia, leukæmia, hydræmia, chlorosis and scorbutus.

Kali sulphuricum, temperature rises from evening until midnight, then falls again. This is a condition often present in the second stage of pneumonia; a few doses of the remedy given in hot water will produce a free perspiration without fail, and the condition of the patient will be much improved. Coarse rales, but cannot cough up much mucus. Cough may detach the mucus, but slips back and is swallowed. Loose, rattling mucus in bronchi. Yellow phlegm is expectorated on coughing. Rattling cough in children; suffocative cough with desire for cool air.

Natrum sulphuricum; the tongue has a dirty, greenish gray or greenish brown coating at the base. Cough with a thick, ropy, greenish pus-like expectoration. Soreness of the chest, which is better by pressure; the patient will hold on to the chest when coughing. Aggravation from lying on the left side. Natrum sulphuricum is indicated when there is an irritable liver, with soreness to touch, with sharp stitching pains. Always worse in damp, wet weather, or living in damp houses, basements and cellars.

Silicea, chronic, neglected pneumonia, passing into the suppurate stage. Cough loose, rattling, copious expectoration of thick, yellow-green pus, may be accompanied with hectic fever and profuse night sweats and great debility. Deep-seated pain with weakness of the chest. Dyspnœa when lying on the back. Symptoms are always worse at night.

Calcarea fluorica cough with relaxed uvula. Cough with expectoration of tiny lumps of yellow mucus, which is quite tough. This remedy should be given where the disease can be traced to relaxed conditions of the elastic fibres.

Calcarea phosphorica cough with yellow expectoration, worse in the morning; with the cough stitches in the chest and soreness to touch. Profuse, sweat, especially about the head and neck. Symptoms worse from cold, motion, change of weather. Acts best in anæmic individuals. Especially indicated in pneumonia of children.

Calcarea sulphurica, third stage of pneumonia. Cough with purulent and sanious sputa. Severe cough in children with malaise.

SOME HOMŒOPATHIC REMEDIES IN PULMONARY TUBERCULOSIS.

BY A. W. CALLOWAY, M. D., ASHEVILLE. N. C.

Many of our patients are willing to be treated for the various common illnesses with homœopathic remedies, but have gained the idea that a disease so fatal as pulmonary tuberculosis must be met with strong medicine or one of the serums.

I regret to say that this idea has gained a foothold with some of our physicians as well.

There is but one real test and that is in practice.

I have used the various creosote remedies in a large number of cases with unsatisfactory results.

Cases under serum treatment have been observed and they receive no marked benefit.

Tuberculin, in specially adapted cases, is attended with some good results.

The various hypo-phosphites, cod liver oil and pine compounds are given with no certainty.

It is true, all are highly recommended; they fill good-sized bottles and the quantity taken is impressive, but as yet they do not yield definite results.

In a disease where pathological conditions are so persistent and structural changes so constant with the extensive variety of symptoms produced thereby, it requires considerable thought to properly select a remedy, homœopathically, and a good deal of courage to continue its use when so many of the fad treatments are suggested.

The chronic nature of the disease indicates one of the deeper acting tissue remedies.

A combination of them, such as we often see prescribed by our homœopathic physicians, and put up by our homœopathic pharmacists, could not give the results expected, homœopathically.

Alternation and combination of tissue remedies is decidedly unscientific and unhomœopathic.

Underlying every case of tuberculosis is the constitutional weakness which permits the infection.

This non-resisting power becomes prior to infection, and during the course of the disease, a factor of considerable importance.

In fact, this is the condition which homœopathic remedies should reach.

The cause of this weakness in resisting power may be due to rheumatism, bronchitis, catarrh, dyspepsia, syphilis, a neurosis, anæmia, malaria, etc.

Having indicated the manner by which the lungs may be weakened, the following remedies suggest themselves: Calcarea carbonica, Calcarea phosphorica, Ferrum, Iodine, Phosphorus, Kali carbonicum, Sulphur, Nux vomica, Causticum, Kali Iodatum, Mercurius, and Lycopodium.

The symptoms indicating any one of the above remedies are so well known that it is not worth while to give them here.

It is not my purpose to give the symptoms of the remedies, which I shall mention, but, rather, to point out the way, in which they should be selected, and what can be reasonably expected of them.

In curative cases, one of these remedies mentioned, if presistently given, ought to increase the resisting power of the tissues, rendering them less vulnerable to infection.

One of the constant symptoms of pulmonary disease is the cough, which is nothing more or less than Nature's effort to rid herself of the irritation produced by the disease.

Unless, therefore, the cough is especially troublesome, a prescription particularly for it should not be made.

In the course of time, however, secondary conditions, caused by the tubercular process, such as congestion, asthma and bronchial catarrh, do require special medication.

The remedies here useful are Belladonna, Bryonia, Causticum, Drosera, Rumex, Ipecac, Antimonium tartaricum, and Kali bichromicum.

One of these remedies will be useful and beneficial in the conditions above mentioned.

As the bacilli continue in their devastation their bi-products produce a systemic toxæmia, causing the afternoon rise of temperature, sometimes preceded by a chill.

The tongue is furred, there is disordered digestion and occasionally night sweats.

At this stage and under these circumstances the remedies to combat this continual toxæmia are Arsenicum, Arsenicum iodatum, China, Hepar sulphur, Gelsemium, and Natrum muriaticum.

The remedies above mentioned will probably, either by themselves or their relationship, cover the field wherein homœopathic remedies are useful.

If a case advances well through the third stage I doubt very much if any remedy with a curative intent should be given.

Here we have a condition of dissolution and a complexity of pathological factors altering every normal, vital process and producing a multitude of symptoms.

A physician ought to possess sufficient knowledge to determine when the inevitable is near at hand.

The old saying of "When there is life there is hope" should no longer apply, and instead of poring over a Farrington or Allen, have the humanity to give relief to the sufferings of your patients, even though it be at the expense of large doses of morphine.

The problem of a cure in pulmonary tuberculosis rests to-day on out-door air, perfect hygiene, proper diet and the indicated remedy.

Of the many proclaimed cures prevailing at present I doubt if any, except the above mentioned, will survive a quarter of a century.

Paedology.

TYPHOID FEVER IN CHILDREN.*

BY J. G. CHADWICK, M. D., BUFFALO, N. Y.

I have not selected this subject with the idea of bringing before the Society anything that is new regarding the treatment of this disease, but rather to impress upon the members the necessity of an early diagnosis.

It has been proven by Widal and Eberth that the bacillus typhosus can pass through the healthy or diseased placenta from mother to fœtus. The typhoid bacillus has actually been found in the organs of the fœtus and in the amniotic fluid.

It has been contended by some writers that typhoid fever is rare in the infant or child under two years of age; but many cases have been reported by Crozer Griffith, Koplik, Henoch, and others. Blackader in a series of one hundred cases met with four under two years of age. Gerhardt reported a case in an infant twenty-five days old, and Blumer one in an infant five days old. A few years ago cases such as these would have passed unrecognized, but to-day they can be diagnosed correctly by our improved methods of laboratory diagnosis.

The duration of the disease in young children varies, of course, as in adult cases. Henoch in his tabulation of more than two hundred cases shows that the shortest duration was seven to nine days; the longest, seventy days.

We must all admit that without the aid of the Widal test and the Diazo reaction the diagnosis of typhoid in infancy and children is at all times exceedingly difficult. Do not enteritis, pneumonia, meningitis, and even appendicitis simulate typhoid in their beginning? The history of every case from the beginning of the illness is of the utmost importance. A case may begin as a pneumonia and be especially difficult to diagnose. Take, for instance, a case presenting a few roseolar papules and an enlarged spleen; is there any one among you that would feel confident to diagnose typhoid on these symptoms alone? I will admit that these symptoms aid us materially in forming a correct conclusion, but when we consider that an enlarged spleen is of common occurrence in many disorders of infancy and childhood, then we must look for more diagnostic proof to back up the spleen.

Without going to any further length in the discussion of the diagnosis, I will conclude the paper by urging upon you the necessity of making the Widal blood test daily in order that a proper diagnosis be made. In many cases you will find that this reaction is your only clue to the condition. Also, during the presence of an epidemic of typhoid, subject your pneumonia, meningitis or enteritis patients to the test. It is necessary to employ the Ehrlich-Diazo test in order to confirm the Widal test. It is very important to make these tests each day, because it frequently happens that the reaction (Diazo) is not present on the seventh, eighth or ninth day, but will be found present on the following day.

Even though you are a strict Homœopath and individualize every case, and prescribe according to the totality of symptoms, I feel confident in asserting that the diagnosis of the disease you are treating is of the utmost importance, and you are better prepared to treat the case from every standpoint.

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*Read before the New York State Medical Society, October, 1904.

BATHING.

BY J. A. LENFESTEY, M. D., MT. CLEMENS, MICH.

A bath is an exposure of the body to some medium to which it is unaccustomed, or else to one to which it is accustomed but which is applied in an unusual manner.

There are many varieties of baths; but, generally speaking, they are of water of varying temperatures, and may be given for the purpose of cleanliness, as a source of medication, or to reduce the temperature of the body.

Owing to the variety of procedures in vogue, in giving the new-born infant its first bath, and the evil consequences following some of these methods, it is the duty of the family physician to superintend this important operation of giving the "baby's first bath."

A very limited space is given in the text-books on pædology to this subject, and, as usual, here we meet with a variety of opinions of the different authors as to whether water or oil should constitute the medium to be used in giving the first bath.

Those who advocate using the water bath warn the nurse to be alive to the necessity of preventing undue chilling of the surface of the body by too long exposure and too rapid loss of heat.

It is impossible, at all times, to have the conditions favorable for a warm water bath, and very many infants have been sacrificed by developing pneumonia or other internal congestions, as a result of undue exposure during the first water bath.

My own experience has been that the olive oil inunction, or use of fresh lard, is far superior to the use of water in cleansing the skin of the new born child. The oil readily dissolves the caseous material, and the infant is cleaned much more thoroughly and quickly. If the precaution is taken to procure pure olive oil or fresh, unsalted lard, the skin is left soft and free from all irritating rash so common when harsh soaps are used on the delicate baby's skin. The use of soap is made unnecessary with the olive oil bath, except for the purpose of cleanliness, in local bathing with water, about the genitals, when the pure, unscented Castile soap should be used.

Oil Bath.

In giving the first bath immediately after severing the cord, the inunction begins by dipping the hands in the warm oil, previously heated in a saucer, and rubbing it freely all over the baby; care being taken to rub it well in the groin, under the arms and in the folds of the skin; as soon as the infant is thoroughly anointed, have the nurse wrap it in a large linen or cotton bath blanket, which has been previously warmed, and, with a soft cloth, wipe off the excess of oil. The eyes and nostrils should be carefully cleansed with a soft linen cloth.

The warm inunction may be repeated every morning for two or three days, or until after the navel, which has been previously wrapped in antiseptic absorbent cotton, comes away.

Water Bath.

In robust, healthy babies, a warm bath may be given daily, after the third or fourth day, in water about 96° F. And a little advice here to the nurse will save much trouble and annoyance to the family.

Have the nurse prepare everything in readiness for the bath, and place the baby in a tub before the fire with enough water in the bath tub to submerge the child when held by the hand. Resting the baby's head in the palm of the left hand with the little finger in the baby's left axilla; then beginning, wash the head and face with a soft sponge or wash cloth, next the trunk and extremities. Turn the child over and again wash from head to feet, which procedure, when completed, takes but a few minutes, and is enjoyed by the baby as well as those present.

Wrap the baby in the warm bath blanket, and, after thoroughly drying with soft towels, produce a gentle friction with the palm of the hand, which has been previously anointed with a little olive oil.

The routine habit of bathing infants is an evil productive of much harm, as only the strong and robust babies can withstand a daily water bath, and the delicate child is often debilitated and weakened by this practice. Delicate children should only be bathed every second or third day, or only as necessity should require for the sake of cleanliness, and then it is not always advisable to resort to the full tub bath. The sponge bath can be given by exposing only a part of the body at one time, and is free from the dangers of undue exposure.

As the baby grows older and more hardy, the temperature of the bath should be gradually lowered from 96° to 90° F., or even to 85° F., being careful to be governed by the strength of the infant and the vigor of its reaction.

Until two years of age the robust infant may be bathed once each day, and in very warm weather he will be much benefited by two or three baths a day.

Older children, for the sake of cleanliness, should be bathed once or twice a week, or oftener if necessary. The duration of the bath should be governed by the conditions, and should never be longer than five or ten minutes after exposure of the body.

The best time for bathing infants is in the middle of the forenoon, about 10 A. M., and an hour or two after nursing.

Food should never be taken after the bath until the reaction has been fully established.

Moderate, passive exercise, by means of massage or friction with a turkish towel after the bath, will produce a healthy glow of the skin, and is very beneficial in establishing the reaction. (Mich. Hom. Society.)

Gynaecology.

"THAT GOL DURNED PESSARY!"

BY FRANK E. WAY, M. D., WAHOO, NEB.

Yes, I practiced eleven years without owning a pessary, but I have one now, and am going to tell you how it happened, but must crave the indulgence of this Society for a few moments while I make an apology for the somewhat ambiguous title of this paper as it appeared in the program.

I can imagine the bewilderment of the members as they looked through the announcements, and stumbled upon the caption of this article. I can imagine Dr. A. saying: "I wonder if that condemned idiot has not yet discovered that the pessary is out of vogue?"

And methinks I can almost hear Dr. B. remark: "Is that chump of a Don Quixote going to take up the time of this session by lambasting that old windmill?" And Dr. C. softly whistled to himself and thought "I'll manage to slide out the side door and take two winks while that calf from the verdant pasture of Wahoo reads his article." Dr. D., who always has his fighting clothes on, and comes to the meetings armed cap-a-pie, began pulling the books off his shelves and making memoranda preparatory to knocking this essayist into a cocked hat when the time should come. Dr. E., who is a surgeon, said to himself, "I must cultivate that fellow. I'll take him over to the hospital and show him how we treat those cases of mal-position. Doubtless he has some patients who need a colporrhaphy or a ventral fixation. There is sometimes good money in those country bumpkins." Dr. F. ventured to parphrase that the author would come to the meeting with his pockets bulging with pessaries of every description, and after showing the defects of all other kinds, would triumphantly produce one of his own designing, which he had whittled out of an old rubber boot heel, and which was just what the profession had been waiting for for many long years. Fortunately for this Society, the guesses were all wrong I have but little to say about pessaries, and before I give you the history of this one, I must give you a short description of its former owner.

"Once upon a Time, or it may be a Few Years Earlier, or perhaps it was a Few Years Later, there lived a Contented Physician, who believed in Enjoying Life as he went along. He Enjoyed what Practice he had, and when Practice was Slack he Enjoyed a Rest and a game of Checkers at the Store.

"He also enjoyed a Reputation for Great Skill in his Profession, for he had actually Cured every Disease but the Last Sickness, and not even the City Doctors could Cure That. He knew just When to gather the Bone-set and Smart-weed that their Virtues might be unimpaired, and When to dig the Burdock and Dandelion roots, that they should be most efficacious to Physic the Blood. He knew the Peculiar Medicinal Qualities of the Gold-thread, the Blue Vervain and the Green Osier, and in what Quarter of the Moon each should be procured to ensure their Greatest Activity. All this and Much More he Knew, which Time will not permit me to Tell, suffice it to say, He Enjoyed the Everlasting Gratitude of All the People, for did he not Save Dave Tobit's Boy, when his Measles Struck in? And did he not bring Josh Nutting's Wife through Six Attacks of Dumb Ague? And did he not Cure 'Kiah Whitcomb of a Bealing in his Stummick? And did he not Sit Up all Night with Perez Herrick's boy when his Mumps went Down?

"Likewise he Enjoyed the Respect of Good People everywhere, for he Enjoyed Religion and was a Pillar in the Methodist Meetin'-House, and had even Cornered the Minister in an Argument on the Perseverance of the Saints.

"Also he occasionally indulged himself in a luxury, and enjoyed a Long Segar and a Chat with the Three Old Cronies at the Blacksmith Shop while Dobbin was being Shod.

"Upon Dobbin, whom Years of Association and Companionship had made as Contented as Himself, he was wont to mount Astraddle to make his Calls when not Pressed for Time. When Pressed for Time he went Afoot.

"He lived in the Old Brick House on the Main Street. He had Always lived there, Silas Wetherbee said, and Silas had a Great Memory for Dates. Aunt Mehitabel Hurd kept House for him, and as he always Bought her a New Bombazine Dress every Easter, she was as Contented as the Doctor."

It was many years ago that I left Kimball Center; left the quiet Vermont town with its green hills and balmy breezes, laden with the nerve-soothing aroma of the spruce, pine and tamarack. I had studied medicine with the Old Doctor, and after taking lectures and graduation, had come West. A short time ago I returned. At the Junction I looked in vain for the old yellow Concord coach, which was to take me the last six miles of my journey. I looked in vain for Slim Long, the veteran driver, who, with his four-in-hand, had made the trip twice a day for half a century. Instead, an electric car came whizzing up to the depot, and I was told to get aboard.

Along the beautiful river road we rolled, but the river did not flow as calmly as of yore. Past the verdure-covered hills we sped, but the hills were not as green as when I was a boy. Around the curve we whirled, across the bridge and into the once familiar town. I alighted. Then I realized my keenest disapointment. Instead of the quiet hamlet, with its restful, calm and dreamy repose, I was amid the hurry and bustle of a young metropolis, with men and boys rushing to and fro, jostling each other in their mad haste. I turned toward the corner, where once had stood the old Store, with its dingy windows and well-whittled bench in front, tacitly inviting the passerby to stop and sit awhile. Where Moses Fields and Ezra Peabody and all the other old cronies used to sun themselves, while they discussed the latest brand of plug "terbacker." Instead I beheld a modern brick emporium, through the big plate glass front of which could be seen the hurry and bustle of busy clerks within. I swallowed a lump in my throat as I looked around in vain for a familiar landmark.

Unconsciously I turned and walked down what used to be the main street of the village. All was changed. Factories lined the river bank, and imposing business blocks had replaced the old-fashioned residences, with their broad verandas and green blinds. I wandered aimlessly on, heart-sick and home-sick for a familiar scene, until I found myself in front of the old brick house of my one-time preceptor. There it stood, but a shudder of foreboding passed over me as I gazed at the shuttered windows and neglected lawn. I stopped and ascended the decaying steps, and followed the wide veranda around to the side door that used to be the entrance to the Office. I pulled the old-fashioned bell-knob, and heard the responsive tinkle of the little bell inside, but even it had a mournful sound that still further depressed my sinking spirits and made me want to turn away. I heard unsteady shuffling, slippered feet approaching, and waited. Could it be my feelings had deceived me and that the old Doctor was yet alive? A shaky hand is fumbling with the latch! The door creaks and opens, slowly and cautiously at first, and then is thrown back with an exclamation of surprise. 'Tis Aunt Mehitabel, worn and bent with age, but still Aunt Hittie.

I need not dwell on the details of that visit, nor recount all she said. How the old Doctor had fallen asleep one day, and his Spirit passed the Bourne in peace. How Capital had ferreted out the quiet hamlet, and utilized the wonderful water-power of the river and built up a noisy city on its banks. One incident only will I relate, which caused me to write this article and showed me I was not forgotten by my old friend. A few years before he died he had made a trip to Boston, the second in his life. He brought back with him a pessary which he had purchased, and of which he had been led to expect great things. Faithfully did he try that pessary in the vaginas of all who would submit, trustingly at first, doubtfully soon, and disgustedly at last, until finally one day he washed the offending and contrary thing, wrapped it carefully and regretfully in tissue paper and laid it away, saying to Aunt Hittie: "If Frank ever comes back I shall give it to him. Perhaps out West he can find a woman the gol durned thing will fit."

And Aunt Hittie brought me the pessary, still wrapped in the faded paper, and I have kept it as I received it, a memento of the good old Doctor, the last of his School and the last of his race. May his ashes rest in peace in that quiet little churchyard, and his generous soul reap the rich reward of heaven's most tranquil joys, for we shall never meet his type again. (Neb. State Homœopathic Society.)

The Colleges.

HOMŒOPATHY IN UNIVERSITIES.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

In February, 1899, an article appeared under the above title in the Michigan Alumnus, a college publication of the University of Michigan. As this article did not reach the profession at large and is now out of print and unprocurable, and as we have several requests for copies from members of the profession, we take the liberty of presenting the same to our readers with some revisions and additions. The original article was written rather from a historical than professional standpoint.

The teaching of Homœopathy in universities may be said to date from the time of Hahnemann, who, in the early part of the century, gave instruction in homœopathic medicine in Leipzig, to students and professors of the university. Persecution, however, drove him not only from his classes but also from the city, and the same spirit of intolerance, found even to-day in the old world against new ideas, has done much to impede the development of homœopathic university teaching in Europe.

Among the earlier converts to Homœopathy were a number of professors in the leading universities of Europe. In the early English periodicals, and notably in an English directory published about 1855, we find a list of these, some of whom openly taught the subject of Homœopathy to their classes. Dr. Risueno d'Amador, Professor of Pathology in the University of Montpelier in France, was one of these, and he continued his courses upon Homœopathy until the reigning medical faculty ordered him expressly not to mention Hahnemann or Homœopathy in his lectures. Professor Schultz, who held the Chair of Pathology in the University of Berlin in 1846, though not a convert to Homœopathy, acknowledged in his lectures the necessity of assigning to Homœopathy a place in scientific medicine. He openly recognized and did not seek to conceal the obvious defects of allopathy.

Professor Francisco de Paulo Folch, who was Professor of Pathology in the University of Barcelona in 1832, was one of the early converts to Homœopathy. Dr. Henderson, the able Professor of Pathology in the University of Edinburgh, was one of the staunch defenders of Homœopathy, and despite continued attempts to remove him from his chair, retained the same for twenty-seven years, only retiring finally from ill health.

Drs. F. and J. W. Arnold, of the University of Zurich, who were distinguished by a work on physiology and pathology, both embraced Homœopathy.

Considering that Homœopathy was a protest against the pathological basis for a system of therapeutics, it is somewhat remarkable that those who understood the subject of pathology best were converts to the new system.

Among other universities represented by professors who were converts to Homœopathy, we find the following: The University of Naples by Professor Horatius, of the Chair of Clinical Surgery. He was also President of the Royal Academy of Medicine. In Barcelona the Dean of the University Faculty, Dr. Felix Janen, became a convert. Dr. Quaranta, of the University of Naples, also. He translated Hahnemann's Organon into Italian. Dr. Reubel, Professor of Physiology of the University of Munich; Dr. Lambrecht, Professor of Obstetrics in the University of Padua; Dr. J. A. Weber, Professor of Theory and Practice in the University of Freiburg; Dr. Arnith, Professor of Obstetrics in the University of Vienna; Dr. Bigel, Professor of Obstetrics in the University of St. Petersburg; Dr. Botto, Professor of Surgery in the University of Genoa, and Dr. Martin, Professor of Theory and Practice in the University of Jena, are some of the members of university medical faculties who were homœopathic converts. Besides converts from the medical faculties there were many from other fields of science, as botany, archæology, history, etc. It is also on record that Prof. T. Buchner taught Homœopathy in the University of Munich. He is mentioned as Professor of Homœopathy. The opposition of the dominant school, however, has been such that it has been exceedingly difficult for Homœopathy to have a fair hearing in the universities of Europe; the broadmindedness of Professor Schultz, of Berlin, seeming to be the exception rather than the rule among members of the might makes right sect of medicine.

At the present time, with the exception of the University of Buda-Pesth, no European university has a chair of Homœopathy. In Buda-Pesth a chair of homœopathic Materia Medica is very ably filled by Professor Bakody, and large numbers of students are attracted thither annually to study homœopathic therapeutics.*

A movement is on foot, with a fair promise of success, to have a chair of homœopathic medicine established in the University of Brussels, the success in the dispensaries supported by the public fund having already attracted favorable comment in the royal administrative circles.

There has also been a movement within a year or two to introduce Homœopathy into the University of Leyden in Holland. We believe a professor was chosen but his appointment was met with such a torrent of personal abuse and invectives from the allopathic faculty that it was held up for the present. Several other universities have also agitated the question of the introduction of Homœopathy, but invariably the opposition that comes thereto is of allopathic genesis.

In our own country, however, there are a number of universities wherein Homœopathy is taught, and to call attention thereto is the purpose of this article.

Boston University, with its departments of liberal arts, law, theology, music, agriculture and medicine, was the first to recognize the claim that homœopathic students were entitled to as thorough an education as those of the other school. Accordingly a department of homœopathic medicine and surgery was established in 1873, and seventy-eight students were present at the opening.

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*We believe Prof. Bakody has since died.

It may not be generally known outside of the homœopathic profession, but it is a fact, that the Boston University School of Medicine, a homœopathic school, was the first to establish a compulsory three years' graded course in medicine, and also the first to provide a four years' graded course, the latter dating from 1878, twelve years previous to the establishment of the four years' course in the University of Michigan, and this was the first in allopathic annals.

This school was also the first university school of medicine to admit women, the first class that was graduated being composed of both sexes. The school has a full corps of teachers, professors and assistants, a large and well equipped hospital and modern laboratories; its alumni are scattered throughout every State of the Union. It has from the first been recognized as one of the most thorough homœopathic colleges in the country.

Many years previous to the establishment of a department of Homœopathy in the University of Michigan, steps to that end had been taken by the homœopathic profession of the State. It was first suggested in a petition to the Board of Regents in 1849. It was agitated continually for some twenty years, and in 1871 we find the Board of Regents passing a resolution endorsing the Detroit Homœopathic Medical College, and promising to administer its affairs in a just manner upon its becoming a part of the university. The history of the struggle for recognition in this university covers over twenty years.

The Legislature sanctioned the department in due time, and it was established, after some opposition, in 1875, with a faculty of two. This department had many years of what might be termed a tempestuous existence, much of which was due rather to internal dissensions dating from its first faculty than to external opposition, though the latter was by no means infrequent.

However, the horizon cleared some years ago, and the department at the present time is one of the most flourishing in the university, and has assumed the place in the estimation of the homœopathic profession due it from the thoroughness of its equipment and teaching. The present faculty is composed of five professors, its students getting their theoretical instruction from other departments of the university. A new assistant professorship has been allowed the department by the board within the past year. A thoroughly equipped hospital is a part of the department and a training school for nurses is connected with the hospital. The clinical advantages to students cannot be equalled in any other of our colleges. The writer, having been connected with a number of colleges and hospitals, can add his testimony in support of the fact that nowhere does the student come into such intimate relation with patients and disease as in the homœopathic hospital of the University of Michigan. The thorough laboratory teaching, the practical clinics and the advantages accruing from a general university atmosphere are unexcelled opportunities, and these are attracting not only an increased number of students of homœopathic medicine but a better educated class of students. The course of instruction embraces four years of nine months each, a longer term than in any other homœopathic college in the country.

The library of the department is in a most flourishing condition; during the past eight years the number of volumes has increased tenfold. Many rare sets of periodicals and early Hahnemannian literature have been added, and the library as it now stands is one of the largest and best in the country.

The homœopathic medical department of the University of Iowa was established by act of Legislature and opened in 1876. The faculty consists of five professors, each having an assistant.

As in the University of Michigan, there is no reduplication of chairs, and a special and noteworthy feature, which avoids any tendency to unpleasantness arising between the different medical departments, is the fact that, although the homœopathic students get their lectures on anatomy, physiology, hygiene, etc., from the old school department, the homœopathic faculty quizzes and conducts its own examination in these branches. Likewise, instruction in chemistry and botany is obtained from the literary department and medical jurisprudence from the law department. Work in the histological, anatomical, pathological, bacteriological and chemical laboratories is conducted much in the same manner as in the University of Michigan.

A hospital of sixty-four beds is connected with the department, and attached thereto is a training school for nurses.

The course of instruction comprises a four years' course of six months, exclusive of vacations. The number of students attending has always been good and the quality of the best. A library of homœopathic works is shelved in the homœopathic building and is in charge of an assistant. The work done during the twenty-seven years' existence of this department is of the highest order and an honor to the State.

About fifteen years ago a college of homœopathic medicine and surgery was added to the Minnesota State University. This department has a full faculty of all the chairs except anatomy, physiology and chemistry, in which students receive instruction from the other departments. The college has always been a flourishing one and is well supported by the profession of the Northwest. It is thoroughly equipped with laboratory and hospital facilities, and is one of the best schools. Both Minneapolis and St. Paul have homœopathic staffs in their city hospitals and students attend the clinics. Very little, if any friction, has ever existed between the two medical departments; indeed, at one time a homœopathic physician was professor of obstetrics in the old school department.

When this article first appeared in the Michigan Alumnus, the Dean of the allopathic department of Minnesota University protested to the editor that the last statement was incorrect, and asked for a correction. Upon consulting the annual announcements of this university we find for several years, commencing with 1882, the name of W. H. Leonard, of Minneapolis, in the list of the faculty as Professor of Obstetrics and Diseases of Women. We know Dr. Leonard to be a homœopathic physician, and as this was previous to the establishment of the homœopathic department, we concluded that inasmuch as obstetrics and diseases of women are branches not included in the ordinary curricula of literary departments of universities, there must have been a medical department, and, indeed, the announcements so state.

The length of the course, next to that of the University of Michigan, is the longest in the school, being eight and one-half months. The number on the faculty is seventeen, exclusive of the chairs of the other departments of the university, and illustrates the fact that the claim once made, that homœopathic medicine can be mastered in a few months' study of Materia Medica, no longer meets the demand of an intelligent patronage.

The college of homœopathic medicine and surgery of the Kansas City University was opened eight years ago, and is now in the most flourishing condition. This university has also an old school department. The two departments, however, are entirely distinct: instruction in chemistry, physics, botany, etc., is obtained by both from the literary department. The length of the course is four years; in fact, the American Institute of Homœopathy—which, by the way, is the oldest national medical association in America—in 1891 refused to recognize a college which does not require the four years' graded course.

In 1883 the University of Nebraska had a medical department for each school of medicine, but owing largely to imperfect equipment the entire department of this university was annulled in 1887. Since that time the University of Nebraska has been without a medical department.

A chair of Homœopathy has been established in the University of Missouri by the Legislature of that State, and an appropriation has been made for its support. This appropriation, owing to some hitch, has to the present time not been available, but it is confidently expected that within the next twelve months the chair will be filled.

Steps had already been taken when this article first appeared to introduce homœopathic departments into the Universities of California and Ohio. In the former case some opposition was encountered from members of the old school. However, we are informed that many of the regents of the university are favorable to the establishment of a homœopathic department, the Legislature has always been fair to our school, and it is to be hoped that in the future a department of Homœopathy will be established in that university.

Ohio has as yet no medical department. It is one of our most progressive States. Homœopathy has been taught within her borders for over a half century, and no doubt when medicine is taught in her State university Homœopathy will be a part of it.

The Stanford University has as yet no medical department. Governor Stanford and family were adherents of the homœopathic system, and it was his intention to have a homœopathic department in his university if a medical department is established at all, an intention it is believed that Mrs. Stanford will carry out.

There is much talk at the present time of establishing homœopathic departments in the University of Illinois and also in the University of the City of New York. It seems, therefore, that the outlook for materially increasing our university affiliations is exceedingly good.

WHERE SHOULD DOCTORS EDUCATE THEIR SONS IN MEDICINE?

This question is often exploited in the press, at medical meetings and elsewhere whenever matters pertaining to students and colleges come up for consideration. Severe criticism amounting to bitterness sometimes is meted out to those professed Homœopathists who send their sons to allopathic colleges. This is particularly noticeable if the party criticised be conspicuous as a medical reformer, a reader of papers, an advocate of pure therapeutics or connected with a college faculty. Occasionally a feeble voice is raised in defense or palliation. The subject has different phases and different personal circumstances prevail with certain individuals. Granting that the failure to patronize a homœopathic college may sometimes be condoned, are there excuses enough to satisfy or accommodate all the cases?

It was said in olden time "That where the treasure is there will the heart be also." This interpreted means that one will naturally give preference to matters in which he is most interested, patronize institutions that have his warmest sympathies, act to his own best commercial advantage, do for his offspring what he deems the very best.

The members of the homœopathic profession whose sons go to allopathic institutions may be classified somewhat as follows:

First. There are those who say they have no control over their son's choice; that the young man is of age and decides for himself. We concede if the young gentleman pays his own bills that he certainly should have all privileges of independence of choice and action. On the other hand, we recall having heard that our forefathers waged a seven years' warfare that they might live in a country where there would be no taxation without a voice in the expenditures of their money. If one of them were paying a young individual's expenses through college he would decide himself as to what college treasurer should receive the tuition. Their compatriots would have ridiculed them for doing otherwise.

Second. There are several professors in homœopathic colleges who are paying tuitions to allopathic institutions who allege as the reason that beside their own chairs in their own colleges the teaching is of an inferior grade and too crude and imperfect to satisfy the needs of their children. Our advice in such cases we prefer to give to the trustees of the colleges rather than say right out that such professors are judging the size of an elephant by his tail.

Third. This, we believe, to be the largest class and includes those doctors who think that when the son returns from college that the firm of father and son, Homœopath and allopath, will draw large custom, and that no patient need pass by their office for lack of accommodation as to whether the medicine be sweet or bitter, small in dose or large. The most fastidious and exacting tastes and notions will be pleased. Commercialism, of course, enters into the practice of medicine; theorize as we may abstractly about the sanctity of a high professional calling and preaching and practicing true to principle.

The hope of revenue will always influence human action and probably must be expected to over-ride both theory and consistency. There is no remedy so far as we know to correct this depletion of the legitimate ranks of homœopathic students. To say that the firm of father and son will probably sooner or later be dissolved, to cite numerous instances of the utter failure of the plan elsewhere, to point out the incongruity that the public will immediately discover, we have found to be of no avail. We must expect these frequent examples to occur.

Fourth. Sometimes owing to close proximity to an old school college and the long distance from a legitimate college sons are sent, rather against inclination, to the old school college. In such cases pecuniary influences prevail against pure professionalism. This group properly falls into the commercial class.

Fifth. There is a large number of homœopathic doctors who talk as follows: "There is no difference between the anatomy, surgery, hygiene, obstetrics, etc., in the two schools of practice, and I can teach my son the homœopathic Materia Medica myself." We would not for a moment challenge the ability of those who talk this way to teach the homœopathic therapeutics properly and thoroughly, but we have given considerable attention to these questions for a long time and do not recall many instances of allopathic graduates, although the fathers may have been Homœopathists, becoming more than indifferent therapeutists. We are not denying but that allopathic instruction in the so-called scientific chairs is thorough and sufficient, but allopathic therapeutics, dwindled so that State boards are classifying it among the primary branches and proposing to permit students to pass it off at the close of the sophomore year, is a ridiculous substitute for what the poorest homœopathic college is prepared to teach. We will not be guilty of denying but that the less therapeutics the old school colleges attempt to teach the better they are, but will place ourselves on record as insistent and persistent in the proposition that the only place, unless it be once in a thousand times, to learn homœopathic prescribing is in the lectures and clinics of the junior and senior years of a homœopathic college.

Sixth. This class will be miscellaneous and include those not easily classified elsewhere. Among the reasons, excuses and explanations sometimes heard are the following: The life insurance examiner problem, the difficulty of access to army and navy positions, university affiliation and double degree advantages not afforded by the most of the colleges, lapsing in enthusiasm, the desire to follow the largest crowd, the feeling on the part of fathers that they should be occupying some other man's position on a certain faculty, sometimes the lack of quality in teaching, the fact that allopathy is so modified as not to make differences easily recognizable, etc. The mass of mankind find it a better policy of life to submit to things as they are rather than to be radical in trying to maintain and improve useful institutions. If our educational institutions such as colleges, dispensaries, hospitals and medical societies are not progressing, so far as each individual is a part of the profession, to that degree he is responsible for it, and if matters are not just right some blame attaches to every one. There are only two elements to success; first, a clear appreciation of what one wants, that is a conviction, the other is enthusiasm. Enthusiasm grounded in a conviction will change or maintain whatever may be undertaken by so influential and respected a body of persons as the homœopathic profession of any of our States or the country at large. No one who complacently sees his son leave the paths of the household and the codes of his own life-long practice can have both, if either, conviction and enthusiasm.

A College Professor.

THE DUTY OF THE PHYSICIAN TO HIS COLLEGE.

BY C. A. WEIRICK, M. D., CHICAGO, ILL.

Much time and thought have been given by the faculties and officers of the homœopathic medical colleges to the task of establishing, improving and maintaining them.

The homœopathic fraternity throughout the land has done much for its schools, both individually and collectively. In the former way by their skill in winning such a large number of laymen to the belief in the law of similars that such a strong public sentiment favorable to Homœopathy was created that adverse legislation was impossible; in the latter the work has been accomplished through the various local, State and national associations. These associations have been kept up at a very large expenditure of time and money, but they have been important educational factors both to physicians and laymen.

Anyone who has watched this work done in these individual and collective capacities will not undervalue, much less fully appreciate its importance, either to the doctor or to humanity.

Do those at present practicing medicine under the homœopathic law appreciate the help and value the colleges of this school have been to them? Perhaps because a very large per cent. of them have been identified with other lines in upbuilding the school of medicine they will answer the question negatively.

Before their college came into existence the student, who wished to study under the law of similia, had indeed a difficult task. There was no other place than an allopathic college to study the various branches of medicine, and with such an environment of prejudice against his belief that only those of exceptional strength of purpose failed to succumb to the ridicule made of Homœopathy. After graduation only by reading the few books then published on the subject and experimenting on his patients was he able to acquire the knowledge he desired. But men, there were no women in the profession at that time, of such indomitable will power and progressive spirit in overcoming obstacles, would not long be without colleges of their own school where they could send their students. As the result of their efforts made in this direction the seed that the pioneer Homœopath planted has produced institutions that are a credit to a nation so great as ours. These colleges afforded preceptors a place to fit their students to occupy fields already containing those who were strong believers in Homœopathy and constituted the nucleus from which the young doctor soon established a large practice, helping the old doctor of the adjacent town in any emergency and calling on him for council. Many a man today, enjoying a large practice, is in no small degree indebted to his preceptor and alma mater for his prosperity. But the time came when the competitors of the school, seeing that ridicule did not stop or impair the success of its practitioners, declared that it had no surgeons, no specialists. It was in a large measure true. For major surgery and to give the patient an opportunity to obtain the benefit of the opinion of a specialist, there was in many sections of the country no alternative but to send him to an old school man. The colleges met this demand by greatly raising their standards for graduation. This was done at great financial loss. The course was very much lengthened and the teaching made so much more effective that as rapidly as it was possible this new demand was supplied.

Now the homœopathic doctor can send his patients to specialists of his own school who are as good as the best. With the coming of the specialist came a demand for hospitals where the patient might remain under his care. Here, too, the colleges were in the van in building hospitals and furnishing an opportunity for the worthy poor as well as those who could pay a chance to obtain the benefit of the treatment they had at home.

When attempts were made to secure adverse laws they were frustrated by showing the legislators the ably conducted and well equipped homœopathic colleges and making them aware of the fine results of treatment by homœopathic physicians, of whom nearly all were members of their alumni.

Open attack on the school has ceased, the skill and success of the homœopathic physician has been admitted in many ways. The law, however, has not been officially recognized. True, the principle of that law has frequently appeared in standard works of its antagonists, but it has not been formally and officially recognized, hence until it is our colleges must be as active as ever in sending out graduates who will uphold the banner of similia.

Benevolent assimilation is to make us part of our antagonists, but not to make them any part of us. It is the last mode of attack. It must fail. There must be no assimilating, there may some day be a union. But there can be no union unless similia be recognized. Any other combination of forces will be a surrender.

The existence of the homœopathic college is necessary to constantly increase the number of physicians and maintain the enviable position gained through self-sacrifice of those who have gone before. To enable these colleges to accomplish the most, co-operation of the fraternity all over the country is essential. Not alone is kindly feeling for them, but an active interest that will lead them to send such clinical cases as they think will be valuable to the students; to induce qualified young men and women to study medicine and attend homœopathic colleges.

The doctors and colleges have mutual interests; the success or failure of either has a similar effect on the others.

It is a benefit to the school to have colleges in some of the second-class cities, second only in point of population; it is also a benefit to the school as well as to the colleges to build in a few of the metropolitan cities great post-graduate institutions equipped with all the apparatus, hospital room and having clinical material and teachers exceptionally qualified by natural and trained ability, brought to a high degree of perfection by a large actual experience. It will take far less sacrifice and surmounting of obstacles to perfect such institutions, they are already established, than was required of those who founded and made successful the early homœopathic colleges.

Our school has specialists; it must continue to have them to meet the demands of the times. The day, however, has passed when all that is necessary for a doctor to be a specialist is to call himself one. He must have special training and the skill that comes from practice. He must obtain that in great medical colleges and hospitals with an abundance of clinical material. He will go to the colleges in the smaller cities, assist in increasing their efficiency and reputation and be easily accessible to the practitioner who may require his assistance.

Homœopathic doctors, are we not under some moral obligation to actively support the school's institutions of learning? A principle must always be the base for broadness or liberalty of discussion. Without a principle from which to reason there can be no breadth of thought, nothing but drifting, that which never takes one beyond the narrow confines of self. Let the Homœopaths of today base their action on such a belief and the prosperity of the school will continue and its history will credit them as being worthy the trust given them by the pioneers of Homœopathy. Support your homœopathic colleges.

(Note. This article was written as an editorial for the Chicago Homœopathic Medical College Bulletin, but was not published owing to the discontinuing of the Bulletin upon the amalgamation of the C. H. M. C. and Hahnemann Medical College of Chicago.)

WHY A HOMŒOPATHIC COLLEGE FOR A STUDENT OF MEDICINE?*

For the excellent reason that there he may receive, in addition to all else that modern science has discovered for the healing of the sick, instruction in the simple, difficult truths of the essentially curative homœopathic materia medica and therapeutics, which based upon the natural law of Similia Similibus Curantur enunciated by the laborious genius of Hahnemann a hundred years ago, presents today the brightest example of exact medical science.

To the young man who has selected as his lifework the onerous but honorable office of physician, it is a matter of moment, not alone for his own future success and self-satisfaction, but for the future good of humanity, where and how he shall pursue his studies, and to the logical mind the critical question at once arises: Wherein shall I and humanity be benefited by thorough instruction in Homœopathy?—and this question is fittingly answered only by a logical exposition of Homœopathy.

Before entering thereon it is but just to state that in all departments of modern science, aside from the distinguishing system of cure, the medical colleges of the United States known as "homœopathic" are always equal and often superior to allopathic or "regular" institutions. All that pertains to modern medicine, pathology, diagnosis, chemistry, electro-therapeutics, surgery, obstetrics and gynæcology, and the almost numberless divisions of medical knowledge, are as thoroughly and profoundly taught in homœopathic colleges as in any other, without exception. The percentage of rejection in coming before State boards of examination is usually less, never greater, for homœopathic licenses than for graduates of "regular" institutions (e. g., N. Y. State Board of Med. Exam., 1900-1901).

Hence the critical question: "What is Homœopathy, and wherein does it excel the allopathic system of medicine? For the medical student to be, we trust the following exposition of Homœopathy will be simple, interesting and scientifically convincing:

Homœopathy is the curing of diseased conditions by comparatively small, often infinitesimal doses of a drug which, when taken into the healthy body, will produce symptoms resembling the symptoms of the diseased state. Similia similibus curantur is a Latin expression of the Greek word, Homœopathy. Now note the exact science of this procedure. Every drug (and there are some two thousand in the homœopathic Materia Medica) has been proved first on the human body in health, not once but often hundreds of times on various individuals of both sexes; its action on every part and organ has been accurately noted; by repeated provings individual idiosyncrasies have been eliminated, with the result—a perfect picture of the action of each and every drug substance on the body has been obtained. The homœopathic school is the only school of medicine with such a Materia Medica.

But what connection, may be asked, between this drug picture and the picture of diseases? The connection lies in the law of nature discovered and elaborated by Hahnemann, Similia similibus curantur. To illustrate, one of the effects of Belladonna (the deadly nightshade) on the healthy body is to produce violent inflammation and a peculiar dryness of mouth and throat, symptoms common to certain cases of sore throat, as many of us know by experience. A homœopathic physician meeting in his practice a case of sore throat presenting such symptoms would immediately prescribe Belladonna in minute dose, and would cure it. **There is the law,** proved as all natural law must be, by repeatedly observed facts. For a hundred years Homœopaths have been proving with exactitude this law of drug action, and Homœopathy to-day is the most exact branch of medical science. Its difficulty lies in the wide range of symptoms exhibited by diseased humanity, and the profound study necessary to select the remedy resembling most the individual case.

Friend, if you have a shallow mind, a vacillating will, an easily satisfied conscience, do not study medicine; but if you do, shun the door of a homœopathic medical college, for the science of homœopathic therapeutics is not easily mastered. The daily use of morphine, calomel, quinine, strychnine, arsenic and iron, together with something "to down the fever" (tools easily handled by the physician though difficultly borne by the patient), is best learned in an allopathic institution, and then your conscience will not be troubled by the thought that something better, more humane, more scientific exists.

But, if your heart is big with a love for humanity, if your brain is clear and competent, if your will is of a sinewy character, and your conscience not to be dulled by opiates, then turn to the doors of institutions where there is no exclusion of any scientific truth; where there is earnest endeavor along all lines of research devoted to the physical benefit of humanity; to the school whose distinguishing mark is its humanity to man, woman and child; whose glory is its successful and speedy cure of disease where cure is possible; whose future is the future of all truth.

When Samuel Hahnemann promulgated his discovery of a new law of healing, he was driven out of Leipzig, and why? Because he endangered life by his simple, infinitesimal doses of single drugs? No; the results of his treatment were signally superior to those of the dominant school. Was it because the law of similia similibus curantur was finally proved a chimera? No; it has never been disproved, and to-day its truth is triumphantly demonstrated by tens of thousands of physicians. Was it because Hahnemann was an ignorant quack who had stumbled upon something which put to shame the educated physician of that time? Nay; Hahnemann was a man of profound learning, a philosopher, honored (before his exposition of Homœopathy) with high office in the medical profession, a chemist of continental fame, versed in many languages, cultivated in all the science known to that age.

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*This excellent paper was submitted in our prize essay competition of last year. We have altered its title somewhat. This paper would honor a series of tracts.

No, friend, Hahnemann was driven from Leipzig because his prescriptions diminished the income of apothecary shops.

To-day, friend, the apothecary shops cannot drive the homœopathic physician "out of Leipzig" nor from any city, town or hamlet. The world has grown up to a higher plane since then, and tolerance, even of truth, is wider spread than then. The homœopathic prescriber has shown through the thousands that rise up from the sick bed and call him blessed that he is a human and beneficent agent, and the world bethinks itself in this century before banishing such. Yes, the wide world to-day is tolerant even of truth, exhibits rather a disposition to seek after and appropriate all discoverable truth, but unfortunately for humanity, the medical world is still somewhat pre-diluvian, and hath largely more pride than enlightenment. Why is not the science of homœopathic healing, its Materia Medica, its history and development, the exactness of its procedure, taught and elucidated in every institution for medical learning? Why must there be a "homœopathic school of medicine," in order that the truth once discovered be not forgotten and trodden under foot? Friend, we know of no reason save that of pride, or arrogance, or that human but very weak trait, aversion to acknowledgment of a wrong done, a characteristic peculiarity of the "regular" school.

Homœopathy in the beginning was unfortunate enough to excite the derision of the "regular" school because of its small dosage, single remedy and simplicity of procedure; it was still more unfortunate in its persistent growth and success; unfortunate, we say, because these unalterable facts developed more pronouncedly the rather mulish trait in the dominant school of utter disregard of the scientific truths demonstrated by Hahnemann and his disciples. Notwithstanding the fact that it is somewhat dangerous to despise truth, allopathic human nature has persisted in so doing, with the result that the graduates of allopathic or "regular" institutions know little or nothing of the stupendous possibilities, of the exact science embodied in homœopathic Materia Medica and therapeutics; nay, rather glory in a studied ignorance of it and contempt for it, but homœopathic colleges continue to grow solidly, broadly and deeply, and homœopathic physicians are constantly widening the scope of their practice, which ranges from the grateful poor who object to the druggist's tax and a doubtful cure from nauseating mixtures to the cultivated classes who comprehend the efficacy of the once-despised "sugar pills."

As Homœopaths, we regret the childish action of the allopathic or "regular" school, but it is only just to note that towards individuals we have only good feeling and willingness to be of aid, to submit to rigorous scientific proof the principles of Homœopathy, to offer them the results of the labors of homœopathic martyrs, and we use the term advisedly, Decades ago it was in truth professional martyrdom to practice Homœopathy. It is hard for a man who has devoted himself to the service of humanity (for the labors of a faithful physician are not to be recompensed with gold), it is hard to meet disdain where co-operation should have been given, opprobrium where honor was due, and derision instead of reward for persistently adhering to truly scientific methods of healing the sick. From Hahnemann down homœopathic physicians have had to be men of character, strong men, to withstand the deluge of abuse and opposition which has been encountered Nowadays, it is true, the abuse and opposition are more covert, for the world is wiser, and the clientele of Homœopathy has grown too large and imposing to be openly shouted down, yet, go even now to "regular" medical colleges and enquire of Homœopathy, of its long history of well-doing, of its scientific methods and principles, and supercilious ignorance and disdain will denote the plane of their knowledge.

Is disdain scientific or not?

To the truly scientific mind no fact, no thing is unimportant. We bend the microscope to our use that we may discover the little things, yet to the average allopath the labors of geniuses and giants for a hundred years are deemed unworthy of investigation and study, not so valuable as the wrigglings of some new microbe with an imposing Latin name. To the average allopath, we say, for justice must be done to many men (and their number is increasing), who, brought up in the traditions of the old school, have wearied of hap-hazard prescribing, have grown sick of compounding drugs whose effects, even on the healthy body, they knew not; who in a scientific age, an age of knowing, have sought for something else than empiricism or guess-work in dealing with stricken humanity, men whose own children perchance have been dragged out of the grave by some Homœopath called in as a last resort, because all hope had vanished, and who, with minds awakened by impending disaster, have been amazed at the simplicity and efficacy of homœopathic measures, and have said to themselves, "We will investigate this thing. We will know." Some of the strong men in the homœopathic profession, men numbered on the teaching staffs of its colleges, have been "regulars."

The extreme dilution in which many homœopathic remedies are used has been in the past a favorite subject for scoff by the dominant school. "How is it possible," they cry, "for a drop of medicinal matter mixed with billions of drops of water or alcohol to exert any action upon the human body. Away with such dream stuff! Let us have something that we know is there for we can see, taste, smell it."

Among the philosophic sayings of Hahnemann is one classic in its simpleness and profundity: "Die milde macht ist gross;" Potentia mitis magne est; perhaps translated, though illy, into English, Great is the mild power. Reflect on it, young friend. The world is growing up to it. Those having care of the insane are bound by it nowadays; the pedagogue has laid aside the rule; even the rough seaman no longer fears the scourging at the masthead, and when its truth is universally recognized, the millennium will be near unto dawn. Its beneficence is shown daily in homœopathic treatment. Let us illustrate:

If you saw a case of pneumonia near death brought back to life and health by infinitesimal doses of a drug, would you, unbiased by tradition, and eager for truth, deny the efficacy of such treatment? Go to the great city hospitals under homœopathic control and witness this "miracle" and many others. If in an epidemic of Asiatic cholera you beheld immunity given, or where the lightning stroke of cholera had already fallen rapid cure by the administration of drugs homœopathic to the symptoms, often in infinitesimal doses, would you still doubt? If in an epidemic of true scarlet fever you remarked whole households preserved from its invasions by infinitesimal doses of Belladonna, would you scoff at the potency of homœopathic medication? From Hahnemann, who thus saved his own children, to the present day, homœopathic physicians have successfully fought the dreaded true scarlet fever with this remedy.

Hahnemann took the sand of the sea, silica, and by trituration and potentization, according to homœopathic methods, made it one of the most powerful and deeply acting of all remedies. Ask the modern allopath what he knows of the drug value of silica, and he will stare at you in polite surprise, or, at any rate, in surprise.

But alas for derision! Even chemistry, that most matter-of-fact science, has gradually come to discoveries which emphasize the genius of Hahnemann and the science of his followers. The Roentgen or X-ray had scarcely illuminated the modern scientific mind when the Becquerel radium rays were discovered. "These particles are projected from radium with a velocity anywhere from sixty millions to ninety millions of miles per second. They are so small that the atoms of chemistry (which have never been seen) are giants in comparison."

If matter then is capable of such infinite division, still retaining individuality and power of action, for these Becquerel rays will produce a most intense inflammation, resulting in the case of Prof. Curie, of the School of Physics and Industrial Chemistry at Paris, in a suppurating sore which took three months to heal, why even on hypothetical grounds Hahnemannian procedure is justified, to say nothing of a century of daily clinical proof of its accuracy at the hands of thousands of homœopathic physicians.

The chemistry and medical science of the twentieth century will demonstrate to the most doubting Thomas—what? Why a truth that has been demonstrated over and over again for many years in the homœopathic healing of the sick.

The stone that the builders rejected shall become the head of the corner, and thus truth and humanity shall be served.

To summarize: The homœopathic college offers to the student at its gates Homœopathy together with all else that modern medicine in every field of research has to offer. It requires of its students intellect, strong purpose and character. It presents no royal road to journey along, save the royal road of difficult work and satisfying truth. The homœopathic profession does not say, "Wisdom is ours, and shall die with us," but eagerly demands, "Have you a truth, minute or great, let us share in it, that humanity may be benefited."

With no words can we more fittingly end than with the inspired utterance of Hahnemann in his plea to the physicians of his day for unity of purpose and of action: "The furtherance of every means, be it ever so small, that can save human life, that can bring health and security (a God of love invented this blessed and most wonderful of arts!) should be a sacred object to the true physician. Away, then, with all grovelling passions at the altar of this sublime Godhead, whose priests we are!

We all strive after a common, holy object; but it is not easy to be obtained. It is only by joining hand in hand, only by a brotherly union of our powers only by a mutual inter-communication and a calm dispassionate development of all our knowledge, views, inventions and observations, that this high aim can be obtained, the perfecting of the medical art."

Young friend, the choice is yours.

Sanitas.

Societies.

NEW YORK STATE HOMŒOPATHIC MEDICAL SOCIETY.

The fifty-third annual meeting of the Homœopathic Medical Society of the State of New York was held at the Hotel Ten Eyck, Albany, February 14-15.

At the time of going to press we can only give a few random notes of the meeting, as far as they go. They are, perhaps, more readable and useful than any stereotyped report of the meeting.

The report of the Surgical Bureau was good. Dr. DeWitt G. Wilcox showed a new intestinal button an improvement over the Murphy button, and related his experience with it in cases. It was a most interesting talk.

Dr. George T. Moseley presented a most excellent paper on Ulcer of the Stomach and Duodenum; illustrated it with several charts, and spent most of his time elucidating the technique. It was interesting, instructive and well received.

Dr. W. L. Hartman also presented a paper elaborately illustrated. His subject was "Why Are the Secondary Attacks of Appendicitis More Liable to be Dangerous Than the Primary."

Dr. A. R. Grant read a paper, "Irreducible Hernia of the Aged; of the Obese," and Dr. B. W. Sherwood one on "When to Operate for Hernia."

The Bureaux of Ophthalmology and Otology and that of Gynæcology did not report.

The Bureau of Laryngology and Rhinology was well conducted. Dr. J. B. Garrison read a paper entitled "Some Notes on the High Frequency Currents in Nasal Diseases," which was discussed by

Dr. G. B. Rice, of Boston, and A. W. Palmer. Dr. F. D. Lewis followed with a paper on Laryngeal Tuberculosis. This was discussed by Drs. C. E. Teets and S. H. Vehslage.

The Bureau of Pædiatrics reported with papers by Dr. O. D. Kingsley on "Infant Feeding," discussed by Dr. H. E. Russell. By Dr. George Parker Holden on "The Physician's Unpaid Debt to Youth," discussed by Drs. Bukk Carleton and Ralph A. Stewart. A well received paper. Also one by Dr. J. G. Chadwick on "Early Diagnosis of Acute Infectious Exanthemata in Children."

The Bureau of Materia Medica presented "The Rosaceæ," by Dr. E. Wilton Brown. "Comparisons of Chamomilla, Colocynth and Dioscorea as Abdominal Remedies," by Dr. E. E. Snyder, brought out a very good discussion. The chief interest in the bureau centered in the paper of Dr. George Royal, of Des Moines, Iowa, President of the American Institute of Homœopathy, who was the guest of the Society. The Doctor's paper was entitled "Talk on Materia Medica," and we present the report we received of the same with discussion on another page.

The banquet in honor of Dr. W. H. Watson was held Tuesday evening, Dr. E. H. Porter acting as toastmaster. The program of toasts included the President's Greeting, by Dr. Bukk G. Carleton; The Future of Homœopathy, by Dr. George Royal, President of the American Institute of Homœopathy; The Empire State, by Lieutenant Governor Bruce, and The Presentation of the Loving Cup to Dr. William Henry Watson, by Dr. M. O. Terry, ex-Surgeon General of New York. Dr. Watson responded, and was followed by speakers who dwelt on his services as regent of the University of New York, and in his work in favor of higher medical education.

HAHNEMANN MEDICAL ASSOCIATION OF LOUISIANA.

New Orleans, Feb. 1, 1905.

The annual meeting of the Hahnemann Medical Association of Louisiana was held here January 30th. What it lacked in numbers was made up in enthusiasm. We are few and far between in this "Sunny Southland," then some of the few are too busy to give a little time to the annual meeting; nevertheless, we had an enthusiastic meeting. The President, Dr. Mayer, delivered the annual address, and he did not hesitate to point out our past shortcomings and future needs in his usual vigorous style. Papers were read by Drs. Bayley and Harper, and discussed freely by all those present. A movement to start a free clinic was brought before the Society, and the following committee was apointed with full power to act: Drs. J. T. Crebbin, R. D. Voorhies and Edward Harper; they were also authorized to use the funds in the hands of the treasurer of the Society for this purpose.

This is something that has been needed here for years. Attempts have been made in the past, but for one reason or another have been allowed to lapse. We have no representation in any hospital or sanatarium, and we hope to establish this clinic and make it the nucleus for a hospital to come some time in the future.

What we need here is more good practitioners. There is plenty of room; but more than all else we need a good surgeon, one capable of doing addominal and gynæcological work. I believe this is a fine opening, and that a good man would do well here. The president was authorized to appoint delegates to the American Institute.

The following officers were elected for the ensuing year: President, Dr. Chas. R. Mayer; Vice-President, Dr. R. A. Bayley; Treasurer, Dr. R. D. Voorhies; Secretary Dr. John L. Crebbin.

The next annual meeting will be held in New Orleans in June, 1906.

Edward Harper, M. D.

AMERICAN INSTITUTE OF HOMŒOPATHY.

To the Members and Friends of the American Institute of Homœopathy, Greetings:

At a recent meeting of the Executive Committee held in Chicago the date for the annual meeting of the Institute was fixed for June 26th to July 1st, 1905. The Committee of Local Arrangements reported sufficiently to assure the Executive Committee that everything necessary to the comfort and convenience of the members and their friends, who attend, has already been outlined and will be completed.

The headquarters will be at the Auditorium Hotel. The management of this hotel, which also controls others in the same neighborhood, have made very liberal reductions from their usual rates.

As is well known the Auditorium Hotel is situated on the lake front, assuring cool breezes and freedom from noise.

The meeting of the Institute will be held in Music Hall, adjoining the Auditorium. The affiliated societies have been provided rooms on the "Assembly" floor of the Music Hall building and in the banqueting rooms of the Auditorium. Thus are provided four large, well-lighted and well-ventilated rooms and several smaller ones under the same roof and conveniently connected by elevators and halls.

The sub-committee on entertainment has planned so as to interfere as little as possible with the work of the Institute. Besides the opening, reception and ball on Monday evening, there will be a banquet on Friday evening. At this banquet the Illinois State Homœopathic Medical Association and the Hahnemann Medical College of Chicago, each celebrating their 50th anniversary, will act as host to the memmers of the Institute and their friends, and all will celebrate the 150th anniversary of the birth of Samuel Hahnemann.

The presidents of the affiliated societies and the chairman of the bureaux, with two exceptions, were present with the Executive Committee. They all reported excellent programs well under way. The keynotes sounded by these officers clearly indicate that the coming meeting is to be one for effecting a more vital and aggressive organization.

The officers earnestly ask for the inspiration of your presence at this meeting.

George Royal,
President.
Charles Gatchell,
Secretary.

Correspondence.

Occasional Letter From London, England.

CONTRIBUTED BY JAMES SEARSON, M. D.

Homœopathy was recently described in a British allopathic journal as being practically dead. If the writer had been an active member of one of the numerous committees which are now doing such valuable work here, he would have had reason to alter his opinion, for it is safe to say that at no period in the history of British Homœopathy, has greater united activity been demonstrated, than is to be found now. In all departments, and one may say in all parts of the country, evidences of a revival (to borrow a phrase) are demonstrating themselves.

Much of this activity, if not all of it, is undoubtedly to be attributed to the British Homœopathic Association, a body launched into being two years ago on the suggestion of Dr. George Buford, of London, who has been, and is, the fons et origo, responsible not only for the launching of the association but for the excellent programme of work which it continues to carry out and discharge.

The third annual meeting of this Association was held on December 2d, under the presidency of Earl Cawdor, and the resume of the work done by the Association during the year included the election of a travelling scholar and special commissioner, who visited New York, Philadelphia and Chicago in the latter part of 1903, and from whom a detailed report of the educational methods in vogue in the States was received. A travelling commissioner visited many home centres and interviewed many representative ladies and gentlemen, with a view to developing, more widely, interest in homœopathic work.

From January to March, 1904, two courses of lectures on homœopathic Materia Medica and therapeutics were carried through. From January to July useful courses of lectures in elementary medicine on homœopathic lines were given to foreign missionaries and missionary students. This course attracted much attention, and is being repeated this year. The attendance was large and satisfactory, and an important literary work, entitled "Permeation of Present Day Medicine by Homœopathy," has been printed and issued amongst members of the medical profession.

During the summer months a post-gradute course of lectures and demonstrations was held at the London Homœopathic Hospital. All the members of the staff at the hospital took part in this course, which attracted not only English medical men but students from foreign countries.

A department of original research work has been instituted and is still being carried on.

Interesting social functions having in view the popularizing of Homœopathy have been organized. The most important of these was the fete at the Botanic Gardens held last summer.

The Association combines both lay and professional elements. Its work is being energetically carried on with great spirit, and the invested funds amount to nearly £5,000, and a similar amount has been promised. Funds, however, are still being solicited and raised, and the Association aims at obtaining a total of £50,000 for the endowment of measures calculated permanently to benefit Homœopathy in this country.

The death of the revered Dr. Dudgeon is still acutely felt here. He was not only a great but a lovable man, and his loss will be keenly felt for many years to come. Steps are being taken to raise a memorial, which is to take the form of an oil painting to be placed in the board room of the London Homœopathic Hospital. The whole of the late Dr. Dudgeon's library has been handed over by his special direction to the British Homœopathic Society.

The British Homœopathic Congress will be held this year on September 22d, 23d and 24th at St. Leonards-on-Sea, a popular watering place on the South Coast. Dr. Goldsbrough has been elected president for the present year, and some very interesting subjects will be introduced by well known Homœopaths for consideration and discussion.

Dr. Johnstone, the president for this year of the British Homœopathic Society, delivered his presidential address on December 1st, taking as his subject "Abdominal Examination and Palpitation During Pregnancy and Labor." This was followed by a paper by Dr. R. M. Cooper (son of the late Dr. Robert Cooper), entitled "Experiences in the Late South African Campaign."

The dinner of the British Homœopathic Association took place on December 2d, at the Whitehall Rooms of the Metropole Hotel, London. Earl Cawdor presided, and the meeting was in every way a success. The list of donations presented on the occasion amounted to £600.

Dr. A. C. Clifton, of Northampton, entered his 80th year on the 22d of December. He is one of the old guard still left with us. He has lately been suffering from bronchial pneumonia, but is now gradually being restored to health, and although he is prevented from taking a leading personal part in work, he still continues to show the most active interest in all current homœopathic events, both in this country and in America.

Special interest is being shown in the International Homœopathic Congress, to be held, it is understood, in the United States next year, and it is quite hoped that a representative number of practitioners from this country will attend.

The death is recorded, with great regret, of Mr. G. A. Cross, late Secretary-Superintendent of the

London Homœopathic Hospital, which occurred on October 31st from heart failure. Mr. Cross was a most devoted official of the hospital since 1875. and his untimely demise is generally deplored.

Was Bryonia Indicated.

Editor Medical Century:

The January and February issues of the Century contained brief replies from Drs. Dean and Broeser respectively, to my article of November last, entitled "A Failure, or Was Bryonia Indicated?" As both replies were so different in their nature, I would like to dwell a little on the individual points brought out in each. In the January issue Dr. Dean added: "The failure is on his part in not taking into account the surgical nature of the case." I cannot see where I failed in this respect. My first visit did not call for surgical interference, neither did my second or third. I think the surgical matter of the case was carefully considered at the right time. Why do many look at once to surgical interference when a diagnosis of appendicitis is given? Is it because they have but little faith in Homœopathy?

Lay away your knife and let us get at our Materia Medica oftener!

The Doctor said: "I had no Bryonia or any other remedy case, as the opening in the abdomen clearly showed." I cannot agree with him here. How can he say that when nearly twenty hours elapsed from the time I made my first visit until the abdomen was opened. Was the disease dormant twenty hours? I answer, no. I do not believe the conditions that existed at the time of operating were present when I made my first or second visit. If they were, then I do not blame Bryonia for failing, and I ought to have looked for a closer similia.

In the second place the Doctor says: "The symptoms are too meagre on which to make a reliable homœopathic prescription." "Every symptom given can be found prominent under Belladonna, and the remedy is usually better indicated in pain about the cæcum and in inflammatory symptoms generally." This may be true, but deadly nightshade is not the only drug "usually better indicated in pain about the cæcum and in inflammatory symptoms generally.

Does the Doctor have only one drug for appendicitis? Does he resort to the knife after giving Belladonna a good trial?

Many drugs have symptoms in common, but Belladonna and Bryonia are not twins by any means.

I do not prescribe Belladonna on Bryonia's characteristics, neither do I think of prescribing Belladonna because some think it is "usually better indicated in pain about the cæcum and in inflammatory symptoms generally."

Now Dr. Broeser in his reply in the February issue raises the question: "Did you begin treatment early enough, or did you begin wrong." The Doctor evidently read my article hurriedly. The first part of the question he raised: "Did you begin treatment early enough?" was answered in my original article (Doctor, see page 325 of the November Century, two-thirds down second column).

By reading carefully on page 325 of the same issue, first column, you will also note the doses of Castor oil were administered before I was called to see the case. The laity usually know the dose of Castor oil, certainly a physician ought to know without asking. Some physicians do not give tablespoonful doses of Olive oil hourly; and I know some who usually get good results, too.

The Doctor asks: "Would it not have been better to begin by giving an enæma as soon as a diagnosis of appendicitis had been made?" In this case I answer, yes, I think it would have been much better, but I usually rely on the similia instead of the enæma.

As to examining for the size of the tumor through the rectum, I do not like to disturb conditions for the sake of trying to get the size of the tumor in cases of appendicitis, when the temperature and pulse seem unfavorable.

I heartily agree with Dr. Broeser on Bryonia being "surely indicated," but I strongly condemn the *θ*, 15 gtts. in ¾ glass water, dessertspoonful every ½ hour. I prefer a different potency, the higher I use or can get hold of to use the better I enjoy it; but one may be a true Homœopathist and still use the *θ*. I find no fault with a doctor who prescribes low, if he will only stick to Homœopathy.

As to the rule about waiting twenty-four hours before operating, I believe the rule given by my professor, an excellent surgeon, to be much better, especially in cases with an increasing pulse rate.. The Doctor now criticises because I did not see my patient again until ten hours after my first visit (sorry, Doctor, you did not read my article carefully). Turn to your November issue again, and at the bottom of page 325 of the first column you will see that my second visit was made four hours after my first one, and not ten, The pulse and temperature changed but little throughout my course of medical treatment.

The patient gave no history of previous similar attacks, and thus I would not have you "infer that this case could have been an acute attack upon a chronic appendicitis."

Luther Peck, M. D.

Plymouth, Mich.

Cæsarian Section, by Alshausen.

Berlin, Jan. 17, 1905.

It was my fortune to see Professor Alshausen do a Cæsarean section this morning, at the "Frauen klinik." The patient was a primipara, age twenty-three, with contracted pelvis.

The abdomen was completely opened, and the uterus lifted into space as far as possible. The placenta was found to be implanted near the right uterine cornua. While an assistant held the womb firmly, the operator made an incision with a scalpel through its anterior wall, about six inches in length. Through this the child (alive and crying) was lifted. The umbilical cord was then ligated and cut, next the placenta and membranes were removed. Here the reduction in the size of the uterus became quite noticeable. Twelve number five interrupted catgut sutures were now used to close the wound in the uterus. These sutures did not penetrate either the mucous membrane of the uterus or its peritoneal covering. After this the slit in the uterine peritoneum was closed with a continuous suture, also of number five catgut. The womb, now pretty well contracted, was cleansed with gauze and replaced, and the abdominal wound closed with three rows of running sutures, the same size and material as used in closing the uterine cut. Half an hour before the operation the patient was given a hypodermic of ergotine.

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Miscellany.

FOREIGN MEDICAL LITERATURE.

EDITED BY P. W. SHEDD, M. D., NEW YORK.

Pathogenic and Clinical Notes by Dr. L. Simon, Revue Homœopathique Francaise.

Ocimum canum, 2-6 dil.

Action; diarrhœa lasting several days. Crampy pains in the kidneys. Nephritic colic with violent vomiting every fifteen minutes, extorting cries. Red urine with brick-dust sediment after the attack. Mammary engorgement, nipple very painful, touch insupportable. Vulvar swelling; vaginal prolapse, protruding from vulva. Swelling of glands. Left testis hot, swollen, very sensitive. Numbness of right thigh for two days.

Indications; from the pathogenesy the importance of this drug in genito-urinary diseases of both sexes is apparent; particularly in the lumbar pains of nephritis. Renal colic; it allays the mucosal inflammation and facilitates the expulsion of calculi. Cystitis from calculi. Swelling of glands, especially inguinal.

Onosmodium, 1-6 dil.

Action; the mind works slowly, ideas are confused; dulness of intellect. Pain in left head. Occipital pain with vertigo. Eyes heavy. Dryness of nose, throat, pharynx, with acute pain. Sharp uterine pains from above downwards. The heart is momentarily accelerated, pulse full, strong, slow, irregular. Lassitude, weakness, numbness of lower limbs and popliteal space. Unsteady gait; the legs cannot support the body. Sensation of fatigue and weakness in arms and hands. Great muscular prostration and sensation of general weakness. The muscles do not obey the will properly, which takes from the patient all sense of security.

Indications; motor inco-ordination, the beginning of tabes dorsalis. There is a species of muscular spasm in which this drug is most efficacious; the body bends and forms an obtuse angle, the legs are weak, and the whole body is so out of equilibrium that it must be supported against a tree or other object. Neurasthenia.

Veratrum album.

Hahnemann recommended the 7th dil. in the treatment of mental disorders.

Grandiose delirium, thinks he is a prince; penitential delirium, thinks he has committed some crime; religious delirium. Various deliria, thinks himself or herself deaf and blind; afflicted with cancer; pregnant; in labor; that he is a hunter; that he is elsewhere than at home.

Impulses; kisses everybody; cries and runs about the room; tears his clothes and swallows the pieces; eats his own excrementa; sings; chatters or persists in taciturnity.

Aggravation of fury at night; pallid face with anxious delirium; hot, red face with gay or furious delirium. Anxiety, discouragement, tears, alternate with gaiety, laughter, song.

Finally, hebetude and loss of memory, forgets what has just been read.

When occupied, the mind is clear; unoccupied, thoughts are difficultly directed and the patient is silent, self-concentrated.

Clinically useful in cholera, gastro-enteritis (Love does not recommend it in the defective nutrition of children); acute peritonitis; vomiting of pregnancy; gastric ulcer; pertussis; tuberculosis; cramps; gout; rheumatism.

Helonias.

Better when moving; debility better by walking or exercise.

The headache disappears on reading or concentrating the mind.

Sensation of weight in renal region. Polyuria with increased specific gravity. Sensation as if the kidneys were two bags of hot water. No albumin; no sugar.

Genital tract: pain from lower back toward the uterus (1x dil.). Uterine hæmorrhage. Inflammation of the labia major with much pruritus. Aphthous vaginitis. Painful swelling of the mammæ.

Phosphoric acid is an analogue.

Clinically, phosphaturia; diabetes, especially where an exclusive meat diet best diminishes the sugar. Uterine prolapse. Sterility. The abortion "habit."

Sticta pulmonaria.

Incessant, hard, disagreeable, fruitless cough.

Nervous, rheumatic or gouty subjects.

Subacute or chronic conditions. Seniles.

It lessens irritation, calms the tissues, diminishes the sensitiveness of the respiratory mucosæ, and induces sleep.

Chlorosis Remedies.

Ferrum; meat is neither desired nor well borne when taken.

China; intolerance of fruit.

Argentum; menorrhagic form.

Calcarea phosphorica.

Perforation of tympanum, with deafness and otorrhœa. (Cooper.)

Adenoids in the naso-pharynx.

Bulimia with thirst, flatulence immediately after eating, relieved by sour eructations, especially with menses too frequent and profuse.

Calcarea fluorica.

Indurations of all sorts.

Swellings; ganglions; scrofulous subjects; when the best indicated remedies have failed.

Tumors of the eyelids.

Baryta carbonica.

Youths given to self-abuse or suffering from emissions. Pain and great weight in stomach immediately after eating, with epigastric sensitiveness; pains are worse from motion, and often with pain and difficulty in swallowing, as if food were arrested in the œsophagus.

Muscular Atrophy Remedies.

Aurum foliatum; at the beginning, when only feebleness and muscular flaccidity are present.

Arsenicum; emaciation and contractures.

Plumbum, Phosphorus; atrophy and fatty degeneration. (Cf., Secale, Fluoric acid, Calcarea carbonica, Natrum.)

Bubo.

Active, Mercurius corrosivus.

Indolent, Mercurius protoiodatus.

Hard, indolent, difficulty suppurating, in a scrofulous subject, spermatic cord thickened; Kali iodatum.

Often useful in the beginning; Sanguinaria.

Migraine Remedies.

Digitalis (θ used by Piedvache); intense vertigo (the dominating symptom of this drug), incessant vomiting, collapse, dilatation of the pupils; the pain is pressive, lancinating, pulsative.

Chamomilla, θ on sugar during the attack, or alternating with Belladonna θ (Noack, Tessier).

Sanguinaria. Migraine increasing and decreasing with the sun, with anuria, ending with a flow of urine.

Ear Troubles.

Lachrymal tumors and fistulæ. Natrum carbonicum. (Hahnemann.)

Ulcers around the cornea, with photophobia. Natrum carbonicum. (Hahnemann.)

Sensation of eye too large to be covered by the lid. Chelidonium.

Sensation of eye being too large for the orbit. Opium.

Nystagmus. Opium.

Anæmia of the papilla lachrymalis. Opium.

Green and red circles about a candle flame. Veratrum viride.

Monomaniacs in Pathology.

In the Gazette des Hopitaux, Dr. Lop, in an article entitled "Pneumonia and Pregnancy," publishes three cases of grave pneumonia (two double). The article, occupying three columns, has not a word about treatment. In truth, his object was to demonstrate that pneumococcic infection does not affect the fœtus. Nevertheless the recovery of three cases, temperature 104°-105° for from eight to even fifteen consecutive days, is sufficiently extraordinary to lead to the supposition that the author took it for granted that the cures were spontaneous, and the treatment of insignificant value. Such a fact, added to others, proves that the therapeutic sense is absolutely null with the allopaths. They view everything nosologically; the facts, whatever they be, lead only to nosologic, diagnostic, etiologic, occasionally hygienic applications. For drug therapy they care as little as a fish does for an apple.

MEDICAL AMALGAMATION.

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

The question paramount in the minds of the medical profession to-day is whether we of the two schools of medicine should get together, and it is being flippantly answered in the affirmative by a goodly number of well-intentioned practitioners, who seem to have no regard for the impossibilities and even the undesirabilities involved.

An amalgam is the combination of mercury with any other material; and since the productions of a certain pen are expected to bear something of the caustic, the suggestion is here offered that if you should take the mercury out of a certain school of medicine, there would not be enough of it left for a combination with anything. We may as well approach this subject with a measure of common sense, and to attempt its solution with a conservatism that befits the intelligent. That this project is the offspring of politics there can be no question, and no less sure will science step in to prevent the success of the scheme. That the medical men of the different persuasions should abandon the foolhardy attempt at the injury of their opponents through charges of "rascality," "insincerity," and all that sort of thing, is vitally true, and yet when the plan of the almagamators is brought to plain view, it is found that their chief hope is to crush out this contemptable habit. In other words, they would have us get together and announce to the world that *all* doctors are liars, or else that no doctors are liars (which is not true).

And just here you are reminded that the contention that "we are getting closer together practically, and may as well join hands officially," is born of the fact that we are not as prompt to call each other "liars" as we were wont to do.

When we of the different schools of medicine shall have ceased entirely from our personalities, we will have settled the political aspect of the question, or that Homœopaths and allopaths can get together, and we will then be confronted by the scientific phase of the problem, or, if you please, can Homœopathy and allopathy get together.

One of the contentions of the congenial amalgamators is that we should all be doctors first, and something else afterward, if we want to; but this point loses its power in the fact that that very condition exists at the present time, unless there be some accuracy in the suspicion entertained by some of the sages to the effect that Homœopaths are not really and truly entitled to the sacred degree of Doctor of Medicine. Indeed, it would be quite as pertinent to suggest that we cease to be Democrats or Republicans, and get to be Americans. As it is, the intelligent will recognize these as but means to the same great end.

Another apparently plausible argument is that "a house divided against itself cannot stand," but the truth is that Homœopathy and allopathy are but the two chief houses in the great town of medicine, and it is quite as true that a division in either of these houses is hurtful to that house. Furthermore, if these two houses are run in orderly, consistent fashion, it is sure to redound to the benefit of the town rather than to its undoing.

Let us carry this illustration a little further, and we find the house of allopathy saying to the other house: "You burn all of your possessions and forget them, and come over under our roof;" not "Let us build one great house together." Oh, no; "that would be amalgamation, and we do not want Homœopathy in the new strructure." "If you would be 'Doctors,' you must give up your sectarianism and you must join us, not amalgamate with us."

But granted that we should get together under the same roof, is it not evident that "a house divided against itself cannot stand," and the evidence of this is that a great many allopaths would never be any more "homœopathic" than they are to-day, and a great many Homœopaths could not be any more "allopathic" than they are to-day (the latter sentence being somewhat ominous on second reading).

If this "lion and lamb" project is ever to be consummated, the scientific element must take precedence over all others, and here we are brought face to face with the impossible.

Scientifically, then, let us attempt the amalgamation and see what comes of it. In all seriousness there are here compared the present day contentions of allopathy with the principles of Homœopathy "as they were in the beginning, are, and ever shall be." Which is scientific? Both cannot be.

HOMŒOPATHY.	ALLOPATHY.
1. Similia Similibus Curantur (frequently abused by Homœopaths).	1. Pathology (frequently confused with pathologic anatomy by allopaths).
2. The smallest dose possible to effect a cure.	2. The largest dose possible not to effect a kill.
3. The single remedy selected upon symptoms peculiar to the individual.	3. Polypharmacy based upon tradition.
4. The totality of symptoms necessary to determine the remedy.	4. Only such symptoms as are necessary to diagnosis, essential for selection of treatment.
5. Stop the drug when improvement begins.	5. Continue the treatment regardless of improvement, frequently increasing the dose, or frequency of administration.
6. Disease is dynamic.	6. Disease is material.

There are many other points of difference, and some of them of scientific bearing, but they may be found impossible to the one or the other, because they are antagonistic to the basic principles of the one or the other.

Suffice it to say that Homœopathy and allopathy cannot ever unite scientifically or otherwise, whatever Homœopaths and allopaths may do. The principles will remain true or false, and so will the practitioners.

Electro Therapeutics.

"X-RAY POTENCY."

BY CORDEN T. GRAHAM, M. D., M. E., ROCHESTER, N. Y.

A very interesting case came under my observation a few weeks ago, more interesting, probably, because it had been given up by one of the best men in the old school.

The patient was a young man about 28 years of age, presenting a family history which was void of syphilis or tuberculosis, and with no indications of any hereditary disease or exposure to same. He had, however, been treating a short time previous to the appearance of the cutaneous lesions for enlargement of the lymhatic glands of the neck which no doubt were tubercular.

The first development of the cutaneous lesion began with a small nodule about the center of the lower lip. It spread moderately until it involved not only the skin about the lip but the mucous membrane nearly to the gums. The portion of the mucous membrane on the edge of the lip was covered with reddish brown crusts or scales of dark color, and showed ulceration in some places. The rest of the mucous membrane was covered with a gray false membrane. The condition gave the patient very little pain except in the corners of the mouth. My diagnosis, which was corroborated by two other physicians, was "Tuberculosis Subacuta Mucosæ Auris."

The treatment employed was very effective, as the lesions responded immediately to it. A medium tube (slightly hard) was used with a shield of lead foil over the face, leaving only the lip exposed. The treatments were given daily in seances of ten minutes each. An interesting and unusual phenomena was observed during the applications in that the operator could see with the naked eye a destructive process going on which immediately ceased as soon as the rays were stopped. This process was characterized by a drying of the ulcers, and a shriveling of the scabs and false membrane. It was brought about so rapid that the patient was discharged as cured on the eleventh day.

In my experience with X-ray therapy I have never seen a pathological condition make such an immediate response which could be detected during the exposures as did this case.

Heretofore in cutaneous lesions I have always used a soft tube, which is the rule, but when this patient came to me my soft tube was out of order, so I employed the slightly hard tube. By the quick response obtained from a tube which was not indicated according to the rule it suggests a thought that is often encountered when prescribing medicinally, and that is the drug which will cure one patient with the third potency, for example, will not always cure another patient suffering with the same disease, unless the potency is raised perhaps as high as the MM. I, therefore, suggest to those of you who are using the X-rays therapeutically that when you have failed in your cures after using the indicated vacuum tube try another, or, in other words, change your X-ray potency.

The Library.

BOOK REVIEWS.

An Introduction to Pharmacognosy.

By Smith Ely Jelliffe, Ph. D., M. D., Professor of Pharmacognosy and Instructor in Materia Medica and Therapeutics in the Columbia University (College of Physicians and Surgeons), New York. Octavo volume of 265 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1904. Cloth, $2.50, net.

This introduction to Pharmacognosy is the first work published in this country dealing with the special individual anatomic characters of the different drugs, and it will be found of great service in enabling the student to recognize any drug in its crude condition. Dr. Jelliffe has laid special emphasis on the microscopic characteristics of drugs, not, however, neglecting the macroscopic appearances. He has also given considerable attention to the description of drug powders.

In the selection of the drugs studied in detail the author has shown great care, taking those which are most typical of the general drug structures, amply equipping the student of pharmacy to pursue individual research of a practical nature. The source of each drug is given, then the microscopic and macroscopic appearances, the chemistry, and the adulterations—an all important factor in practical pharmacy.

A Text-Book of Legal Medicine.

By Frank Winthrop Draper, A. M., M. D., Professor of Legal Medicine in Harvard University; Medical Examiner for the County of Suffolk, Massachusetts. Octavo volume of 573 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1905. Cloth, $4.00, net.

The subject of Legal Medicine is one of great importance, especially to the general practitioner, for it is to him that calls to attend cases which may prove to be medicolegal in character most frequently come. Dr. Draper has written his work both for the general practitioner and for the medical student. He has not only cited illustrative cases from standard treatises on forensic medicine, but these he has supplemented with details from his own exceptionally full experience—an experience gained during his service as Medical Examiner for the city of Boston for the past twenty-six years. During this time his investigations have comprised nearly eight thousand deaths under a suspicion of violence. The author's long teaching career has enabled him to state facts and detail procedures with a clearness rarely met in a work on Legal Medicine. Withal, we think Dr. Draper's book is unusually satisfactory; it is more,—it surpasses our expectations.

Bacteriology and Surgical Technic for Nurses.

By Emily M. A. Stoney, Superintendent of the Training School for Nurses, St. Anthony's Hospital, Rock Island, Ill. Second Edition, thoroughly revised and much enlarged by Frederic R. Griffith, M. D., Surgeon, Fellow of the New York Academy of Medicine. 12mo volume of 278 pages, fully illustrated. Philadelphia, New York, London: W. B. Saunders & Company, 1905. Cloth, $1.50, net.

The revision for the second edition of this practical work has been most thorough and extensive, the book having been increased in size by the addition of over 80 pages and many cuts. Dr. Frederic R. Griffith, to whom the work of revision was intrusted, has wisely added several chapters of unquestionable importance: namely, Bandaging and Dressings; Obstetric Nursing, Care of Infants, etc.; Hygiene and Personal Conduct of the Nurse, etc. Nurses will find the glossary at the back of much value. As a whole, we think it a compact, useful book, pregnant with just the information that nurses most and constantly need.

Saunders' Medical Hand Atlases—Atlas and Epitome of Operative Ophthalmology.

By Dr. O. Haab, of Zurich. Edited, with additions, by George E. de Schweinitz, M. D., Professor of Ophthalmology in the University of Pennsylvania. With 30 colored lithographic plates, 154 text-cuts, and 377 pages of text. Philadelphia, New York, London: W. B. Saunders & Company, 1905. Cloth, $3.50, net.

This new volume forms an admirable conclusion of the series of atlases on the Eye prepared by Professor Haab. Beginning with a thorough discussion of the proper construction of operation rooms, narcosis, sterilization as applied to ophthalmic instruments and disinfection, ophthalmic operations are described with all the fidelity and clearness that thirty years' concientious practice in eye work naturally brings. The colored illustrations exhibit the same perfection of art and accurateness of detail which we have found only in this invaluable series of atlases. We note that the able editor, Dr. de Schweinitz, has rendered the volume much more valuable by his many additions throughout the text. Any one interested in eye work will find this book of more value than any other volume recently published.

Announcement.

The tenth post-graduate course of instruction in orificial surgery, by E. H. Pratt, M. D., will be held in the amphitheatre of the Hering Medical College (formerly Chicago Homœopathic Medical College), corner Wood and York streets, Chicago, Illinois, during the week beginning with April 3, 1905, having a four hours' daily session.

Doctors invited to bring obstinate cases of every variety of chronic disease.

For particulars address,

E. H. Pratt, M. D.,
100 State St., Suite 1202, Chicago, Ill.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

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MARCH 1, 1905.

Editorial.

REGULATION OF THE SALE OF PATENT MEDICINES.

An act for the regulation of the sale of patent medicines is being prepared for the State of Wisconsin. There has been submitted to us, from interested parties, some questions, the first of which is how we would define "patent" or "proprietary medicine" to cover all the ground, and yet not make it too broad.

There are definitions and definitions, and to properly answer this question in a medical sense might not suit the legal definition. What we have always understood by a patent or proprietary medicine is that class of preparations put upon the market by firms for the purposes of profit, the composition of which may or may not be secret, and which are usually protected by patent or copyrights either as to the composition or as to trade mark.

The second question asked, is, what in our opinion is the greatest evil, and by what methods can this evil or these evils be done away with. This question largely affects the medical profession. An examination of a recent report by the Massachusetts Board of Health would lead one to suppose that intemperance was one of the great evils of patent medicines. A table was published showing that many patent medicines contained more alcohol than either whiskey or brandy, and that all contained more alcohol than wines or beers. Members of the prohibition party are frequently known to have resorted to "nerve tonics," "bitters," "pectorals," and "reliefs" of which a tablespoonful contains more alcohol than a cocktail or a high ball.

Alcohol, at times, may be looked on as a food, so we do not believe that the greatest evil from patent medicines is alcoholism.

To our mind the chief evil of patent and proprietary medicines lies in the fact that they are usually self-prescribed, or prescribed by the druggist without regard to the individuality of the patient or to the disease from which he may be suffering. There are many drug habits that owe their origin to these preparations. Physicians daily meet cases that have come to them after having exhausted all the patent medicines of the corner drug store only to find that either an incurable disease has developed from improper treatment, or that the condition as it exists has been masked or suppressed by the self-treatment employed.

Physicians are required to be "regulated" by State boards, they must furnish evidence that they are competent to have the health and lives of the people entrusted to their care, they must pay money for their education, and if they wish to be able to practice in every State of the Union they must pay some $600 in license fees to be allowed to follow their calling. Legislatures have enacted and boards of health have urged the passage of laws hampering educated physicians from practicing a calling in which they have been educated, and that, too, in institutions chartered by the same legislatures for the purpose of educating them.

Yet the patent medicine and the proprietary medicine may be suggested by the corner druggist for patients of whom he knows nothing and for diseases of which he knows less. The people claim the right to insist that their physician be duly licensed, and yet at the same time to prescribe for their own illnesses.

The only remedy seems to us to be the enactment of a law making it as much a misdemeanor for a druggist to sell patent or proprietary medicine without a physician's prescription as it is for a physician to practice medicine without a license, and extend the act so as to include the selling of drugs to any one for medicinal purposes unless by a physician's prescription.

Drug diseases constitute half of the sickness that the human family suffers from, and we shall be glad to see one State take energetic measures to do away with the evil. Pharmaceutical houses, drug stores, and even grocers and barbers prescribe more medicine than licensed physicians. What barber has not a cure for dandruff or falling out of the hair, and yet the cause of these affections may be outside of his ken. What grocer does not deal in malt extracts, and is not ever willing to advocate their use for "weakness," yet the weakness may be due to a cause that reaches deeper than he could ever imagine. After these worthies have exhausted the patience and purse of the victim, they say to him: "Well, you had better consult a physician."

The dear people can be best protected by taking away from them the privilege of self-drugging and handing them over to the medical profession whom they have educated, licensed and recorded.

AN INSTITUTE JOURNAL.

Several of the smaller periodicals of the homœopathic school have been discussing the pros and cons of the proposed publication of the proceedings of the Institute in journal form. It does not seem to be meeting with extended favor. One periodical claims to favor the scheme, yet puts innumerable obstacles in the way of its accomplishment, and gives a number of "self-evident truths" which are not self-evident at all to our mind, for we do not believe that the publication of the transactions in journal form will add a single member to the Institute, nor do we believe a journal form will be more acceptable to the members. The majority of our periodicals have been perhaps diffident in attacking the question lest they be thought opposing the same in self-interest. It is all very well to talk of an Institute journal not hurting the smaller periodicals of our school. True, such journals as the Medical Century, The North American Journal of Homœopathy and the American Physician will not be hurt to any appreciable extent by an Institute journal, but all the other periodicals of the school will be injured by it, and the question naturally arises, are we strong enough as a school to stand the diminishing of our forces in any field? All the smaller periodicals of the school are doing splendid work for the cause; they are reaching physicians who will never join the Institute to get a magazine, and are the organs of homœopathic organizations in their respective localities, be it of college, society, pharmacy or fraternity. We cannot do without these periodicals to keep the cause alive in these localities, and an Institute journal which should publish only the transactions cannot take their places. Our large periodicals have nothing to fear, they represent the school and the college, the physician and the specialist, the profession and the society. Did the Medical Century depend on those who are members of the Institute for its subscription list it would be small, indeed. There are more journal subscribing physicians who are outside of the Institute than in it; four to one, and these would not be brought into the Institute by a journal.

Then the editor, Lord help him, even if he be the *ablest* in the homœopathic school. One of the commentors on the journal scheme places $25,000 as the probable income of the periodical. This is perhaps approximately correct. But after paying for the publication for the transactions and gleanings, for the retrospect man, for the news correspondents and the business manager and the stenographers and the assistant editor, as is suggested, where would the editor come in? Twenty-five thousand a year alone is insufficient for the salary of one who will have to stand what he will. We must not be hasty in deciding this question. There are many sides to it to be studied in detail before going into it, and, therefore, do not let us be rushed by those on the outside who know how to run a journal better than the journalists—just as we know ourselves how to run a hotel better than any hotel keeper that ever kept.

Editor's Table.

GENERAL NOTES.

The Board of Medical Examiners of the Territory of Oklahoma was recently sued by a physician for the reutrn of $30 paid for a certificate to practice in that Territory. The court gave judgment for the doctor and it is said that the amount that will have to be returned under the judgment to other physicians is considerable. This decision will lessen the $775 heretofore necessary to obtain a license to practice in all of the United States and Territories by $30.

Dr. P. H. Wessel, of Moline, Ill., has been re-elected treasurer of the Illinois State Board of Health.

A delegation from the State Homœopathic Medical Society called on Governor Higgins during the recent meeting and asked him to appoint Dr. E. H. Porter, of New York city, State Commissioner of Health, to succeed Dr. Daniel Lewis, of New York city, whose term of office will soon expire.

Perhaps the most sanitary and perfect method of car cleaning is employed by the New Jersey Central railroad. It consists of a vacuum machine which removes the dust from cars without any commotion by withdrawing it and disinfecting it at the same time. The removal of dust heretofore has largely consisted in merely a change of place, instead of complete removal from the car. The N. J. Central is to be congratulated on its progressive ideas.

Dr. John P. Rand has relinquished his practice at Monson, Mass., and has reutrned to the field of his former labors in Worcester. His office is at No. 820 Main street, Worcester, Mass.

Dr. Sara Chandra Ghose is about to establish an institute for drug proving in Calcutta, wherein attention will be especially devoted to indigenous plants. The doctor's proving of Ficus religiosa is well-known.

We have received the announcement of the Pracitoners' Course of the New York Homœopathic Medical College and Hospital, which opens May 1 next, at this institution. This will be the third course. The great success of the former courses gives belief that the attendance this year will outnumber largely that of previous years. The plan of the work outlined in the announcement is extensive and practical, and we know of no place where three weeks can be spent to better advantage than in attending this course. Write to the secretary for an announcement. It is illustrated and worth having, even if the course is not attended. The secretary's name and address appears on our advertising pages.

The Metropolitan Hospital, of the city of New York has twenty-two resident physicians. Its competitive examination, open to all graduates in medicine, for the fifteen services of eighteen months each, commencing in June and December, 1905, will be held on April 28, 1905. Applications should be addressed to Edward P. Swift, chairman Committee of Examination, No. 170 West 88th street, New York city. This hospital has over 1,000 beds and gives unusual opportunities for experience in surgery, gynæcology, genito-urinary diseases, neurology, dermatology, physical diagnosis and general medicine and homœopathic therapeutics.

Dr. W. J. Hawkes, of Los Angeles, has removed to 983 Elden avenue, corner of Tenth street, Westmoreland tract. Office, O. T. Johnson building, Fourth and Broadway, suite 607-10.

Dr. Sollis Runnels, of Indianapolis, is now located in his new and elegant apartments in the Van Vorhie, No. 120 East Ohio street.

We don't have to make this correction, but Dr. D. A. Foote is from Omaha, not Denver, as we stated in our January issue. Everybody knows where Foote is from, but there is such a bulge in the earth at Denver that trans-Missouri thoughts get confused.

The Denver Homœopathic Club elected the following officers at its January meeting: President, Dr. Frank S. Peck; vice president, Dr. J. B. Brown; secretary, Dr. O. S. Vinland; treasurer, Dr. Clinton Enos.

Dr. James W. Ward has been re-elected president of Health of San Francisco. The doctor has done great work for Homœopathy in that city and we congratulate him and the city on his re-election.

Dr. S. S. Salisbury, of Lost Angeles, has been reappointed on the City Board of Health. Two of the four members are Homœopaths. Dr. E. C. Manning is the other member.

There seems to be quite a movement in the interchange lecture plan advocated by President Royal at the recent intercollegiate meeting in Chicago reported in our last issue. Dr. J. H. Clarke, of London, was recently invited to lecture on the Materia Medica before the Homœopaths of Liverpool, and finally Emperor William suggested a like interchange between men of foreign and German universities.

Our estimable Rocky Mountain confrere, the Critique, of Denver, has the following to say of us: "The Medical Century, with its accustomed enterprise, published the pictures of the local committee of the city of Chicago in its January issue. If the sort of entertainment is to be afforded visitors to the lake city in June, as might be indicated by the prosperous looks of the committeemen, there will be something doing all right, all right." We thank our brother and will say that the committeemen are all without exception much finer looking men than the pictures show. The engraver who made that plate has lost forever the patronage of the Medical Century. We owe our readers an apology for the inartistic arrangement of such super-excellent material.

The Medical Counselor for 1905 returns to its size in which it appeared in 1896. Dr. C. G. Crumrine's name no longer appears as business manager. It is published by the editor and publisher of the National Hospital Record. It continues to be the organ of the Detroit Homœopathic College.

The Saturday Summary, which is published in Beatrice, Nebraska, publishes an illustrated account of Green Gables, Dr. B. F. Bailey's home-like sanatorium, in Lincoln, Nebraska. It is an attractive place, evidently, for patients, and we hear good reports of the work done from all quarters.

Dr. E. B. Whittaker, of Barre, and Dr. Sam. Sparhawk, of Burlington, are the homœopathic members of the Vermont Board of Medical Examiners.

Four Homœopaths did not join the Hennepin County, Minn., Medical Society, finding that to do so they were required to relinquish all things homœopathic.

Dr. P. R. Wild has removed to Des Moines, Iowa, entering into partnership with Dr. Joseph H. Drake, of that city. The best wishes of the Medical Century goes with the new firm.

Dr. Margaret Koch, of Minneapolis, treasurer of the Minnesota State Homœopathic Society, has been appointed a member of the State Medical Examining Board by Governor Johnson, to succeed Dr. Adele S. Hutchinson, of Minneapolis.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. E. F. Larkin, of Franklin, Ind., spent a few days in this city recently. He brought in a patient for one of the surgical clinics at Hahnemann Medical College.

Dr. Thomas J. Appleton, of Port Angeles, Wash., was recently elected mayor of his town. He is a graduate from the Chicago Homœopathic Medical College. His home paper speaks very highly of the doctor, both professionally and politically.

Dr. E. G. Cromwell, of Henry, Ill., visited with his many friends in this city during the month of February.

A committee consisting of Drs. C. J. Swan, W. B. Blackman and Frank Wieland has been appointed to have charge of the arrangements of the celebrating of the Jubilee of the Ilinois Homœopathic Association in connection with the American Institute of Homœopathy. Plans for observing this time in a fitting manner will be made.

We are informed that there is a good opening for a good homœopathic doctor at Downer's Grove, a suburb of this city. It is situated on the Burlington road and is about twenty miles from the city. It is growing rapidly and is a wealthy little town.

Dr. Burton Haseltine was called to Jacksonville, Fla., recently to see a case in council with a physician of that city. While there he talked with Dr. H. R. Stout, who is president of the State Board of Health, and Dr. Stout informed him that he could give any one desiring a good location a list of places where he could do well. He said that the South was regarding Homœopathy much more favorably than formerly and that he knew that good men would succeed there. He said that he would be glad to answer any inquiries in regard to the South.

Dr. Fred. J. Mitchell, Euclid, Minn., who is a graduate of Hahnemann Medical College, is in the city taking a special course in the Chicago Eye, Ear, Nose and Throat College and is also doing post-graduate work in his college.

Dr. Belle P. Nair, of Fort Atkinson, Wis., visited friends here in February and attended some of the clinics at the Hahnemann College.

Dr. George F. Shears was called to Rock Island, Ill., a couple of weeks ago in consultation. While there he saw several of the Homœopaths practicing there and he reports them as all doing well. Dr. C. C. Chase is one of the attending surgeons in the Rock Island Hospital and Dr. Bradford is said to own more property there than any other doctor in that city.

The Hahnemann Hospital will be the host of the Surgeons and Gynæcologists' Association this summer when it meets here in connection with the American Institute of Homœopathy.

Dr. Mary Wells, of Princeton, Wis., is in the city taking a post-graduate course in pathology and diagnosis. She does not expect to return to Princeton, but will locate in a larger place. She informs us that there is a good opening at the town which she is leaving.

Dr. W. W. Brant, who graduated from Hahnemann in 1888, recently called upon his friends in this city. He is located at Cardstown, North West Territory, and had not been in Chicago since he graduated.

Dr. W. W. Irving, formerly secretary of the Wisconsin Homœopathic Association, spent several days in Chicago the past month. He is an eye, ear, nose and throat specialist at Milwaukee.

R. T. Crane, Jr., has been selected as a member of the Board of Trustees of the Hahnemann Medical College and Hospital, of this city. He is the successor of the late George E. P. Dodge, who did so much for the two institutions. Hahnemann has always been fortunate in having on its board men who are known for their generosity and who have this branch of philanthropy at heart. Mr. Crane is one of the best known business men in this city and will add great strength to the board.

Dr. Nichols, of Kansas City, is in this city taking a special course in X-ray, anæsthetics and bacteriology.

John J. Mitchell has again shown his interest in Homœopathy by donating to the Hahnemann Hospital a full supply of linen, which will be sufficient for at least a year.

The Ustion fraternity of Hahnemann College entertained the faculty and their friends at a ball on Friday evening, February 3, at Bournique's club house. The grand march was led by President Shears and wife and Dean Chislett and wife. There was a large attendance of the faculty and students. The hall was beautifully decorated and the orchestra was one of the best in the city. All of those present spent a very enjoyable evening.

The Chicago Homœopathic Medical Society held its regular meeting in the Northwestern University building Thursday, February 16, and it was one of the best attended meeting of the year. Those who were present were well repaid for going, as an unusual interesting programme had been prepared. Dr. T. E. Costain spoke on anæsthetics, and his paper was discussed by Dr. Gilbert Fitz-Patrick. Dr. E. Stillman Bailey read a paper on "Clinical Results Following the Use of Radium." Drs. Kahlke and Blouke also made short talks. An interesting account of a child in which the walls of the abdomen failed to close and the abdominal contents were exposed to view was given.

Dr. Gibson, who has been an interne at the Hahnemann Hospital, has finished her service and has left on a tour of the Southern States.

A new directory of the physicians of Chicago has just been issued. As usual, it is very incomplete, the names of many physicians being omitted and others being classed as regulars when they have been Homœopaths for years and would not practice any other school of medicine.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

This city at present is in the throes of la grippe. The following physicians have been on the sick list: Drs. S. S. Stearns, Dr. J. S. Stearns and Dr. C. A. Davis.

Dr. A. H. Taylor has been elected a member of the staff of the National Homœopathic Hospital, in place of Dr. Charles L. Bliss, resigned.

Drs. Swormstedt, Macdonald, King and J. B. G. Custis made a two-day trip to New York, and were delayed by the blizzard, arriving home twenty-four hours late.

The profession of Washington and vicinity were greatly shocked by the sudden death of Dr. James A. Freer, which occurred February 5th, at a hotel in the suburbs of the city. The Doctor had been in usual health the day before, and was found dead in his room; death caused by congestion of the brain. The remains were taken to his old home at Gilbertsville, N. Y., for interment.

The Clinical Club held the January meeting at the home of Dr. Dennison, 1312 L street, N. W.

Owing to the great amount of sickness at the present time, the February meeting of the Homœopathic Medical Society had a very small attendance. Dr. J. S. Stearns was prevented by illness from delivering his paper upon the subject of the lessons to be drawn from the paper of Dr. Clifford Mitchell, of Chicago, on Urine as Indicative of Disease. Dr. Chas. A. Davis was also prevented from presenting his paper by illness.

The retiring President, Dr. F. A. Swartwout, gave a very interesting and instructive valedictory address. The President-elect, Dr. J. B. G. Custis, gave a history of the Society for the past twenty-six years. He said the Society is thirty-five years old, and when it obtained its charter from Congress that was the first government recognition of Homœopathy in the United States. He spoke of the many changes and of the progress made by Homœopaths in the District during that time.

Dr. Harvey presented a case of tuberculosis, which had greatly improved during the summer at Mt. Airy, Md., and the patient had gone farther North to a slightly higher altitude for the winter months, and had apparently been greatly injured thereby.

Dr. Kingsman questioned the wisdom of sending patients to a colder climate for the winter; would rather advise sending them farther South.

Dr. Marvin Custis spoke of Arizona as an ideal climate; said he had a colony of about twenty patients near Tucson, all of whom were improved, and some had entirely recovered.

OBITUARY.

Dr. James A. Freer.

Dr. James A. Freer died in Washington, D. C., February 5th.—(See Washington Notes.)

Charles Cook Olmsted.

Died at the home of his daughter, Mrs. F. C. Shryock, 3616 Genesee street, January 25, 1905, of Bright's disease, after a long and painful illness. Dr. Olmsted was born in Middlebury, Vermont, December 19, 1839, went West with his parents in 1850, and settled in Fond du Lac, where he obtained his education and studied with Dr. T. J. Patchen; entered college at the age of eighteen, and graduated from the Homœopathic Hospital College, Cleveland, Ohio, 1860. For several years afterward was a member of the faculty of this institution. Began practice of his profession in Cleveland, and soon had a fine business. Upon leaving Cleveland returned to Fond du Lac, at which place he remained several years in practice, and removed in 1877 to Milwaukee, where he remained until 1887, and enjoyed there a large and lucrative practice. Removed to Kansas City in 1887. Dr. Olmsted was a diligent student of Homœopathy and a careful, painstaking and successful practitioner; he speedily built up in Kansas City a very extensive practice, of which he took good care until his health broke down about four years prior to his death. Was a thirty-second degree Mason. Funeral services were conducted from residence by Rev. Robert Talbot, of Trinity Episcopal church. The pall bearers consisted of a detail from the Masons and homœopathic physicians of the city. The remains were deposited in Elmwood cemetery.

Dr. Olmsted is survived by a wife, two sons and two daughters, all the children are married. He was a genial gentleman, and had many warm and admiring friends, by whom his taking away is sincerely deplored. His death is held to be a distinct loss to the homœopathic forces of Kansas City.

Dr. Charles C. Ellis

Died at his home in Sommerville, Massachusetts, Saturday, January 28th, at the age of fifty-seven years. As a preceptor of my boyhood days, it is my pleasure and honor to acknowledge my appreciation of his ability and my indebtedness to him as a preceptor and a friend. Born in Berlin, Vermont, in 1847, he entered the medical department of the University of Vermont, and passed his final examinations with a high standard before reaching the age of twenty years. His first location was at Barnard, Vermont, and from there he removed to Claremont, New Hampshire, the boyhood home of the writer. From that time, when he was but a young practitioner, to the time of his death, it was my privilege to know him and of his work. He practiced after this a few years in Nashua, New Hampshire, and completed his work in the city of his death, Sommerville, Massachusetts.

He was a unique character, an unusual blending of those characters that reach out to the rest of the world and must mingle freely and genially with them, and of that other type that are strong in themselves, and must and do have certain depths which are really deep and tender and yet which others can not always understand, and hence they are often misunderstood. How well I remember the rides over the New Hampshire hills both in winter and in summer, and how he did not curb but guided my youthful enthusiasm, and how he gave to me strength and confidence because of his own confidence in me, and how with every move of mine that seemed in the right direction, he seemed to take the same satisfaction and pride that he would in that of a son. He was really to me an ideal in medicine because of his tenderness, which was well concealed, of his intuitiveness, which must be possessed by all the most successful physicians, and which was possessed by him in a far greater degree than is often found. He was a man of profound judgment and kindly motives of intensely practical trend. He was a student, but of that practical type that is almost entirely American. He seemed to grasp the kernel of the nut and to assimilate an enormous proportion of the useful mental nutrient which came into his hands.

He was not one to mingle much with medical societies, and it seemed to me did not always altogether understand the trend of some other noble colleague whose enthusiasm lay in somewhat different directions, and yet of whom is this not to a greater or lesser extent true? It will be many a day before I shall know a man of greater kindness of heart and of more adaptability and usefulness in the sick room than this one who laid well the foundations of my future medical life. Almost strangely successful in his work among the sick and suffering, he shone at his best. A little rugged and brusque perhaps among the well, with those who were frail he was as gentle as a mother, and had a touch of kindliness that used to strangely remind me at times of the divine in man.

Though so widely separated from him during these last years, nevertheless, in his loss I mourn him, and again I know that I loved him, and the honor of my boyhood days is undimmed. That he may live anew in the eternal days to come, and that comfort may come to the heart of her whom he has left, to whom he was an ideal, while in his heart she was ever the love of his youth, is the affectionate wish of his old student. B. F. Bailey, M. D.

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Homoeopathics

SAMUEL HAHNEMANN, A. D. 1755—1843.

BY WILLIAM BOERICKE, M. D., SAN FRANCISCO, CAL.

[Written especially for the Medical Century to commemorate the 150th anniversary year of the birth of Samuel Hahnemann.]

The subject of Hahnemann's life and work, what he was to his own time and generation and what he is to ours and always will be to the generations coming after us, possesses so powerful a mental and moral radio-activity of its own that even the slightest sympathetic contact cannot but arouse our sluggish spirit to appreciation if not to endeavor, akin to his.

It is the privilege of each generation to review the work of its predecessor and to revere the men through whom lasting benefit has come to the race. It has been said that the world is indebted to a few superior men who have created it, enriched and advanced it, so that the world as it appears to-day is a magnificent and generous gift of the few to the many, of those who have eyes and see, who think and feel to those who are bound to work and bear the day's burden. And that such seers and prophets and leaders "should arise from our decays, fans the soul's nobler aims until they burn."

In thinking of Hahnemann and the colossal work he accomplished we wonder what favoring influences there were to cast him in such heroic mould. We find that the times were propitious, indeed, for the appearance of new teachers, new leadership capable of receiving and imparting the new life of the age then dawning upon the world. We know from history that towards the end of the 18th century and the beginning of the 19th, mighty forces were at work bringing about coresponding mighty changes. A new order of things became manifest in the world. Old and established dogmas in religion, philosophy and science that had ruled for ages were questioned and with it came doubt and change. They were displaced. Political institutions were shaken to the very foundations. Men talked of liberty, of freedom of thought and action in all departments of human endeavor; not only talked but fought for it. All Europe was one vast theatre of war.

In the very midst of the manifestations of these mighty upheaving and iconoclastic forces lived and toiled a man who, notwithstanding the outward serenity of his work, was most actively engaged with one of these destructive but also at the same time constructive forces, a man destined to become a Luther in his reformatory, if not, indeed, revolutionary impress upon the age. And this without entering politics or statecraft or religion or philosophy.

"Nothing to count in world or church or state,
But inwardly in secret to be great.
To feel mysterious nature ever new;
To touch, if not to grasp, her endless clew,
And learn by each discovery how to wait,
To widen knowledge and escape the praise.
Wisely to teach, because more wise to learn—
To toil for science, not to draw men's gaze,
But for her love of self-denial stern."

It was the practice of medicine more than all other departments that needed a great reformer and teacher on new lines.

Medicine in Hahnemann's time was in a chaotic state. Baseless theories, dogmatically taught, deduced not from observation or experiment, but sprung out of the depths of the inner consciousness of their authors, ruled and formed the basis of equally fantastic therapeutics.

Do not take my word for it, but listen to Hirtl, the great Vienna physician and anatomist, reaching to our own generation. Says he: "For ages medicine never discovered a single truth, a single vital law. A loose faith stamped her with barrenness, and the instinct of thinkers led them only to baseless and vague theories. Even now she remains what she has been from the beginning, a system of conventional fallacies, not without zeal and professed in simple-mindedness." And Wunderlich asserts that the principal fault of medicine of the 18th century and beginning of the 19th consists in this, that "instead of observation we find hasty remarks; instead of proved propositions, personal opinions; instead of logical inferences, dogmatic rules; medical works and manuals overflow with contradictions, inconsistencies and eccentricities."

Well might Hahnemann, born into this state of things, exclaim: "The evil has become so crying that nothing but the fiery zeal of a rock firm Martin Luther is needed to sweep away the monstrous leaven." When he wrote these words perhaps he was not conscious that he was destined to achieve in the history of medicine the same revolution which has been effected by that reformer in the history of human culture. But this important fact must ever be borne in mind that when Hahnemann entered the arena, the practice of medicine was a very different thing from what it is to-day. And in order to be just to him and his great reformatory work, it must be remembered that he lived and labored before the days of modern scientific research and marvellous achievement.

Hahnemann was born at Meissen near Dresden, the most beautiful part of Saxony, on the 10th day of April, 1755. He was the eldest of a family of ten. His father was a painter on porcelain, an intelligent, thoughtful and industrious man, whose circumstances, however, were not such as to permit him to spend much money on his son's education, for with a poor man's blessing of a numerous family, food and clothing were probably meagre enough. But the excellence of the environment which helped to mould young Hahnemann's character is not to be gauged by the amount of worldly comforts and luxury that it offered. Better things than these favored Hahnemann. Born amidst circumstances where the mere struggle for existence demanded every energy and left no time for idle and debilitating pursuits, he early acquired those habits of industry, thoroughness and perseverance that laid so broad a foundation for his future mental growth. It was the blessing of low living and high thinking that is ever the formation of a character destined for great things. His life began with struggle, and it was an almost incessant struggle throughout, at first with poverty, then with the prejudices, superstition and malice of his contemporaries.

Of his father, Hahnemann himself said that "he had the soundest ideas of what may be considered good and worthy, and he implanted them deeply on my mind. To live and to act without pretence or show was his most noteworthy precept, and his example was ever more impressive than his words." It was thus due to his home influences that Hahnemann was surrounded by an atmosphere of affectionate regard for good, useful work, sincerity, love of truth and honesty of purpose. These became traits of his character, they grew with his growth and shine out strongly in his mature life.

He received his first lesson, especially lessons in thinking, from his father. These thinking lessons formed very early a habit of thinking, and it is this tendency to original thought which is most characteristic of his future professional career. That good seed sown by his father certainly bore much fruit, for among physicians he leads as an original thinker and investigator.

He spent several years in the public school of Meissen, but the time came when the boy must leave school, because the father could no longer keep him there. Then the teacher, who had seen in the boy a promise of something other than porcelain painting, interceded, pleaded with the father, remitted the fees and satisfied the father's pride by letting the boy earn his tuition in teaching other boys. And so in his twelfth year he was entrusted to impart to his classmates the rudiments of the Greek language. Think of it, a teacher of Greek at twelve. Of one of his teachers, who all must have been singularly discriminating men, Muller by name, Hahnemann himself said: "He has but few equals in uprightness and industry, who loved me as a child and who allowed me a freedom in the choice of subjects of my education for which I shall always be grateful to him, and which had a perceptible influence on the further course of my studies. Here I was less solicitious about reading than about digesting what was read, and was careful to read little, but to read correctly, and to classify it in my mind before reading further." What an enviable intellectual and moral environment for the boy! Wholesome, honest, sturdy, industrious, *to be* rather than to ***seem***.

Very early in life he showed his iron perseverance in attaining his object, notwithstanding every obstacle and difficulty. So as a boy he obtained a classical education notwithstanding his father's inability to provide it; he spent whole nights in pouring over books with the aid of a homemade lamp. As a medical student he gives lessons and earns means of subsistance by translating far into the night.

Early in 1775, he went to Leipsic, taking with him twenty thaler for his support. This was the last money he ever received from his parents. By giving instruction in German and French to a rich young Greek, and by translating English books, he supported himself for a time while pursuing his studies. After two years, he went to Vienna in order to study medicine clinically, for at this time there were no hospitals at Leipsic.

There his studious habits and attractive character brought him to the notice of Professor Quarin, then a medical celebrity and physician to the Emperor of Austria, who took him on his private visits to patients. Quarin showed his friendship, also, in securing for Hahnemann, when his small capital was fast vanishing, the position as resident physician and librarian to the Governor of Transylvania. "Here, in Hermanstadt, I had an opportunity of learning other languages necessary to me, and, also, of acquiring other branches of knowledge in which I was deficient."

After a year and a half, he went to Erlangen in order to take his degree of doctor. Brilliantly sustaining his thesis, he received his degree of M. D., August 10, 1779. He now practiced his profession in different towns, removing in 1784 to Dresden, where he had charge of the city hospital for one year. In 1789, he removed to Leipsic in order, as he expressed it, that he might be nearer the centres of learning. Here he displayed, as everywhere else where he had been, indefatigable literary industry, and was considered a learned and very skillful physician. In 1792, he received a call from the reigning Duke of Saxe-Gotha to assume charge of the insane asylum at Georgenthal.

Hahnemann's Treatment of the Insane.

Here Hahnemann attracted much attention through the radical change in treatment which he inaugurated, abandoning all corporeal punishment and substituting therefor a treatment which is best expressed in his own words: "I never allow any insane person to be punished by blows or other painful corporeal inflictions, since there can be no punishment where there is no sense of responsibility, and since such patients only deserve our pity and cannot be improved, but must be rendered worse by such rough treatment. The physician of such unfortunate creatures ought to behave so as to inspire them with respect and at the same time with confidence; he should never feel offended at what they do, for an irrational person can give no offense. The exhibition of their unreasonable anger should only excite his sympathy and stimulate his philanthropy to relieve their sad condition."

Thus in 1792, Hahnemann discarded the use of all mere physical force and employed the principle of moral restraint, practically, in the treatment of the insane. This occurred contemporaneously with the work of Pinel, who about the same time was striking off the manacles from the unfortunates incarcerated at the Bicetre.

His Chemical Works.

During this time he did much original work in chemistry, edited a great book—"The Apothecaries' Lexicon,"—was spoken of as "this celebrated chemist," "one whom chemistry has to thank for many important discoveries." Another contemporary, in 1826, says: "Hahnemann is recognized as a good chemist, and has won for himself unfading laurels by his preparation of Mercurius solubilis and by his treatise on arsenical poisoning."

But all these services fade into significance when compared with the everlasting fame he has won in the more narrow field of medical science.

His First Medical Book.

In 1784, five years after obtaining his degree, he published a very practical and original work "on the treatment of chronic ulcers," which was highly praised in the medical periodicals of the time. This book is remarkable for the excellence of its hygienic rules. His observations on exercise, recreation, clothing, diet, pure air, his minute and careful directions in regard to the external use of cold water, are a long way in advance of the writing of his contemporaries and quite up to the mark of the more modern treatises on hygiene. In this, his first medical work, he regrets the absence of any guiding principle for discovering the curative powers of medicine. This shows the bent of his mind, and for the next ten or twelve years, his mind was much exercised with the endeavor to discover such a principle.

In 1789, he published a work, "Instruction to Surgeons Concerning the Treatment of Venereal Diseases," which also received a most favorable reception. One reviewer speaks of it as "a profound and clear work." Another, "this is no ordinary work, but is written with an unusual degree of knowledge, reflection and original thought." The German medical journals at this period have frequent references to him as a capable physician of widely extended fame. And Hufeland, the leading physician of that day, speaks of him as "one of the most distinguished physicians of Germany, a physician of matured experience and reflection."

Hahnemann as a Physician.

His attitude to his patients was always that of a wise friend, hopeful, cheerful, helpful. Listen to the following advice that he wrote to a patient: "Should you be reduced to your last sixpence, be still cheerful and happy. Providence watches over us and a fortunate chance makes all right again How much do we need in order to live to restore our powers by food and drink, to shield ourselves from cold and heat? Little more than good courage; when we have that, the minor essentials we can find without much trouble. The wise man needs but little. Strength that is husbanded needs not be renovated by medicine." An advocate of the simple life, sure enough.

This, mind you, was the pre-homœopathic Hahnemann—a man of large practice, great learning, one who had made a name for himself as a capable physician and scientific investigator. He had gained the respect of classical scholars, of hospital physicians and surgeons, of men of literature, of some of the first physicians of his time. He was acquainted with almost every ancient and modern language, with the literature of the medical profession of his own and ancient times. He was a great chemist, a good mineralogist and botanist, a sanitarian and experienced, practical physician—an all-round scientific man.

This practically finishes Hahnemann's active career as a practitioner before the discovery of the law of cure. Possessed of every advantage of medical and surgical knowledge, whatever success he had in result was unquestionably due to his high order of hygiene and strong common sense. He became more and more convinced that the administration of drugs compounded in prescriptions, and selected without any knowledge of their single or combined capabilities, was hurtful, and, if it did not kill, certainly fastened disease upon mankind. This disgust with such medical practice grew with his experience, and, sensitive nature that he was, conscientious to a morbid degree, he must have suffered greatly in consequence. But he failed to gain any knowledge leading to the discovery of a guiding remedial principle. And as there was no surgery in the modern sense to fall back on, no bacteriological or other scientific research to harbor such malcontents as he, the practice of medicine such as existed could not keep him. So we find him at this time, with characteristic courage, regardless of personal consequences, giving up the practice of medicine, that promised such brilliant advancement for him. This withdrawal from active practice, he says in a letter to Hufeland later, was chiefly occasioned by his disgust at the uncertainties of medical practice, owing to the want of any principle for the administration of drugs in disease. He fell back upon his chemical studies, in which field he had done much valuable and original work; and these, together with translations of works on chemistry, agriculture and medicine from the English, French and Italian, gave him sufficient to maintain his rapidly increasing family. We have now reached an important epoch in his life, in order to understand which it is necessary to bear in mind that the brilliant attainments of Hahnemann were joined also to a sensitive, religious nature, with a high professional ideal far above that of the common practitioner—an ideal wholly untouched by any bread and butter consideration, a sense of duty as keen and stern as of a Puritan of old. The personal preparation for the grand work he was to achieve required chastening through suffering. He was to realize more fully the utter helplessness of the medical resources at that time, by bringing the results of its inadequacy nearer home. His own family, suffering with disease, called out for help, and now he realized, more than ever, the utter worthlessness of it all. But he felt that there must be if only it could be found. His own account of his state of mind at that time speaks for itself: "Well, said I to myself, since there must be a sure and certain method of cure, as there is a God, the wisest and best of beings, I will quit the barren field of ontological explanations. I will listen no longer to arbitrary opinions, with whatever art they may be reduced into systems; I will no longer bow before celebrated names, but I will seek near at hand, where it ought to be found, this method, of which no one has thought, because it was too simple, because it did not appear sufficiently learned."

And he found the path. The story is familiar to you all and I need not repeat it here. I purposely dwelt upon this pre-homœopathic Hahnemann to see in him the highest type of a wise, learned and experienced physician, honored by all his peers and by all with whom he came in contact. It was this kind of trained intellect, gifted with rarest perception, untiring energy, boundless enthusiasm but sobered by calm and critical investigation who could perceive the existence of a law of cure, and being led to it, do Titanic service in giving it organic form and material embodiment. This great work was nothing short of the creation of a complete doctrinal edifice based on rational views of physiology and biology. From the birth of the thought, when translating Cullen's Materia Medica, in 1790, noting the action of Peruvian bark, years of constant, untiring study, observation, experiment and reflection with further experiment and practical application followed. Six years of this and then appeared a modest magazine article in Hufeland's Journal, to be sure, the leading medical periodical of the day, edited by the great Hufeland, an essay "On a New Principle for Ascertaining the Curative Properties of Drugs." That historic essay marks the birth of Homœopathy.

In this essay Hahnemann promulgates his conclusion thus: "Every powerful medicinal substance produces in the human body a peculiar kind of disease—the more powerful the medicine, the more peculiar, marked and violent the disease. We should imitate nature, which sometimes cures a chronic disease by superadding another, and employ in the disease we wish to cure that medicine which is able to produce another very similar artificial disease, and the former will be cured, similia similibus."

With the enunciation of this principle, Hahnemann became the Homœopathist. There he stands upon the solid rock of fact—of natural truth—the corner-stone upon which to build the science of therapeutics. This proposition has never been shaken. Denied, misrepresented it may be; disproved it cannot be, for it is the expression of law—nature's law for all true healing.

The recognition of this principle became a pillar of light—an intense and powerful search light in the medical world. It exposed the hollowness, the fallacies, the cruelties, the dangers of the medical practice of the time. It penetrated the dense ignorance that prevailed in regard to the scientific use of drugs, and pointed out the only possible path to pursue that would yield fruitful results.

The proposition was so radical, so revolutionary, overthrowing the whole institution of medicine as it then existed; it had so terrible a bread-and-butter significance, for it threatened to do away at one stroke with the apothecaries' means of livelihood, since the necessary small doses of single remedies infrequently given rendered their services useless, that opposition to it from their hands was inevitable. Their very existence was at stake, and it became a life and death struggle. That, together with Hahnemann's merciless onslaught on the universal practice of bleeding then in vogue, is the real secret of the beginning of the opposition to Hahnemann and his method; and when the "Organon" was published in 1810, containing a systematic arrangement of the doctrines of the new school, the hopelessness of accepting these radical teachings became more apparent than ever, and blind opposition, virulent misrepresentation alone characterized its reception. In vain Hahnemann implored: "Refute these truths, if you can, by pointing out a still more efficacious, sure and agreeable mode of treatment than mine, and do not combat them with mere words; but should experience show you, as it has me, that mine is the best, then make use of it for the benefit of humanity, and give God the glory." And, again: "Repeat the experiments, repeat them carefully and accurately, and you will find the doctrine confirmed at every step." And from that time to this very day, Homœopathy asks nothing more than honest investigation of its claims, and insistance upon being judged by its results." At this time, when his essay was published, Hahnemann was a physician of the highest standing and repute, which no one then thought of questioning. He was in the very prime of life, in his forty-second year, fully equipped for the great work before him. He possessed the genius, the talent, the learning, the patience, the faith, the fortitude, the physical health that were needed to withstand all the powers arrayed against him, and to lead those who would follow him in the creation of a Materia Medica that would fittingly empower them to carry out in practice the principle that he had promulgated as the Law of Cure.

Hahnemann a Professor at the Leipsic University.

All this time, he was testing the action of drugs, making provings and building up his system on the solid ground of his observed results. A year after the publication of his "Organon," in 1811, he applied to the University of Leipsic for permission to teach medicine under its authority. The Senate of the University was not very well disposed to entertain his request, but said that if he would write a thesis and defend it before them, his request should be granted. Hahnemann readily complied, sending in his thesis—an essay on hellebore, or a historic medical dissertation on Helleborism of the Ancients—a work of stupendous literary effort and of such extreme merit that his censors could not find in it a single fault, and granted him the license to teach at the University of Leipsic forthwith.

It is needless to add that the delivery of this dissertation covered Hahnemann with glory.

He quickly gathered around him a circle of very excellent men, some of them professors and lecturers; more were enthusiastic students of medicine and open-minded physicians. The advantage to him and his doctrine of teaching by the living voice, under the authority of a great university, cannot be over-estimated. From this time onward, he gave regular lectures at the university for which his "Organon" served as a basis. For eight years he continued thus to teach and practice, and thereby gathered about him a band of enthusiastic disciples, who co-operated with him in his drug provings. Their names are known to us as the earliest and best provers of our medicines—Stapf, Gross, Franz, Ruckert, Hartmann, etc. When we consider what is implied in the persecution of one's colleagues by ridicule and contempt, and being shunned as a heretic and outcast, these brilliant young men deserve our greatest gratitude in having preferred to follow Hahnemann and the truth rather than go with the crowd along the wide road of therapeutic error. These men stood in intimate relation to Hahnemann; they counted the hours passed in his house among the happiest of their lives.

Publication of the Materia Medica Pura, in six volumes, followed his life in Leipsic, where he had a very extensive practice, led an exemplary life and was at the head of a considerable number of talented physicians who had declared for Homœopathy. Up to this time he had no thought of separating himself from the established school, and it was none of his doing that the split in the school took place. Envy, malice and persecution by less fortunate rivals saw the opportunity of attack in his necessary attitude toward those engaged in the compounding of the physician's prescriptions. It was not difficult to get the whole guild of apothecaries to denounce him. Why not? Was he not teaching a heresy, one upsetting the existing order of things? Interfering with their rights and privileges granted them by royal concession! But an unforeseen circumstance stayed for a time this growing opposition. His fame as a physician had spread throughout Europe, and now the celebrated Austrian Field Marshal Prince Schwartzenberg came from Vienna to Leipsic to place himself under Hahnemann's care. Schwartzenberg was at the head of the allied forces, three hundred thousand strong, that faced Napoleon, and the most celebrated public man at that time. In consequence of Hahnemann's medical treatment of him, this modest physician was placed in daily communication with royal and imperial counsellors and dignitaries and was the observed of observed. For a short time calumny ceased and abuse was hushed. Hahnemann was at the very pinnacle of his career. But in a short time of six months, all was ended, when Schwartzenberg's disease proved fatal. The opposition to him was now renewed, and after being allowed to practice and dispense his own medicines for ten years, this privilege was withdrawn the very next month. He was notified that a fine of fifteen thalers would be imposed upon him for every dose of medicine he dispensed. Hahnemann did not attempt to evade the law. He had battled against it with all his energies—he would not yield to it. He preferred to retire from the practice of medicine—to be banished from his beloved fatherland, from the city where he had been a student, where he was a professor and taught his new medical philosophy, and where he had achieved his greatest triumphs as a practitioner. It must have been a terrible blow, but the law abiding instinct of the German, even if the law is unjust, is the strongest national trait, and so he submitted to banishment from Leipsic, his home and his friends. Some of the things he had hoped for and labored for while in Leipsic had been accomplished; some were of so ambitious a nature that a century later has hardly seen their realization.

The points for which he was determined to contend were, for the untrammeled practice of Homœopathy at the bedside of the sick, for its recognition and application by the State, for the free dispensing of medicine, for an independent professor's chair in all the universities, for the establishment of dispensaries and hospitals, or at least wards in hospitals, for the compulsory or legal examination of students in Homœopathy, for the appointment of homœopathic physicians to posts of honor and emolument, if otherwise capable; in short, for the recognition and legal reception of Homœopathy by the authorities and endowment of it with all the rights and advantages which the physicians of the dominant school possessed.

The sudden termination of his active career of professional life in Leipsic always seemed to many of his followers as an unfortunate thing for the future development of Homœopathy. While there his teachings were free from hypothesis and speculation, he kept on the firm ground of observation and experience. But on the other hand, it may be held with much show of reason that the complete development of Homœopathy as a distinctive therapeutic method needed the further refinements of doctrine and additional evolution of some of its principles that only could come to Hahnemann in the seclusion of his new abode where the opportunities for watching carefully the course of chronic diseases were specially abundant.

His Removal to Coethen.

After long wanderings from State to State, he had an asylum offered him by the friendly Duke of Anhalt. He gave him rank and protection at his little capital, Coethen, which Hahnemann accepted. Here he entered upon a haven of rest from persecution and a career of continued activity in developing Homœopathy. Though banished, he still could keep up communication with his disciples and inspire and guide them in the work before them. At this time came an unlooked-for factor to the aid of the new method. Cholera proved to be the most potent ally Homœopathy could possibly have. And other epidemics in their courses fought for Homœopathy. The superiority of the new school was so convincing in the treatment of these dread diseases, that it did much to interest many earnest men, and thereby gain strong and enthusiastic supporters.

In 1831 he published "An Appeal to Thinking Philanthropists on the Mode of Infection of the Asiatic Cholera." This work is one of more than passing interest to us as Homœopaths in this day of bacterial study. Let it be here remembered that this was published about one year before the last edition of the "Organon" went to press—over sixty years ago. Speaking of the spread of the disease through careless physicians and nurses, he says: "They take away with them in their clothes, on their skin, on their hair, and probably in their breath, the invisible (probably animated) and perpetually reproductive contagious matter surrounding the cholera patient, and this contagious matter they unconsciously and unsuspectingly carry along with them throughout the town." Words of such import might well be attributed to a believer in the germ theory of today, and is wholly in line with modern thought.

Hahnemann remained in Coethen fourteen years, one of the busiest and most honored scientific men in all Europe. We find him at the close of 1834, a man of seventy-nine years, active, strong, full of enthusiasm still, though the many persecutions may have made him more resentful of criticism. It was here where he published his great work on Chronic Diseases and prepared new editions of the Organon and Materia Medica Pura.

In the year 1835, a singular thing occurred in the life of this grand old man. A highly cultivated French lady, thirty-four years old, came to Coethen and placed herself under Hahnemann's medical care. She fascinated Hahnemann by her intelligence, culture and grace, and the old man of eighty became for the second time in his life a bridegroom. The young wife was anxious to have her husband locate at Paris, where his European reputation would surely bring marvellous success. And so it proved to be.

Hahnemann's Life in Paris.

His presence in Paris was also a great aid to the establishment and development of the new school in France. By special royal decree, he received permission to practice. The newspapers took up his cause, now that he was great and popular, and patronized by the nobility and great ones of the land, and they rallied to the support of Hahnemann and Homœopathy.

While thus pursuing his distinctive life work, even in extreme old age, Hahnemann by no means ceased to interest himself in all other branches of scientific research. His home was sought by the learned and cultured, but especially did he welcome there his true disciples, as they came from all parts of the world to do him homage and make the personal acquaintance of the great medical reformer.

Hahnemann survived his migration to Paris eight years, when an old bronchial affection finally released him from his bodily frame and this world's checkered career. He retained his mental faculties to the last moment, and died early on the morning of July 2, 1843, aged eighty-nine years. He lived to see his labor crowned with wonderful success—the practice of Homœopathy thoroughly established throughout the world, and its reforming influence over the old school generally conceded. He had brought health and happiness to generations of men. Well might he make the solemn declaration: "My conscience is clear; it bears me witness that I have ever sought the welfare of suffering humanity, that I have done and taught what seemed to me best."

The abnegation of all merit to himself for his many and irksome labors to perfect his art, and the humble acknowledgment of his gratitude and reliance on God, are strikingly shown in his memorable words on his death bed, the last utterance of his of which we have any record. Whilst suffering much pain and difficulty of breathing, his wife said to him: "As you have helped so many and endured so much, surely Providence owes you a remission of all your sufferings." To which the dying sage replied: "Me! and why me! Each man here below works according to the gifts and strength Providence has given him, and it is only before the fallible tribunal of man that degrees of merit are acknowledged, not so before that of God—God owes me nothing—I owe Him everything."

Thus passed away one of the world's greatest physicians, a benefactor of generations yet unborn. A century has passed since Hahnemann's colossal work began. It has grown and developed, and it will continue to grow and develop until it shall be universally acknowledged as the one science of therapeutics. Think of the addition to the sum of human knowledge that has come through Hahnemann. Think of the new things, new ideas, new facts that were brought into the world through him. It was Hahnemann who first experimented with drugs on the healthy, hence the science of pharmacology dates from him. It was Hahnemann that gave us the key to unlock the medical forces of every substance. It was he who gave the world those wonderful drug provings of our greatest medicines—Aconite, Belladonna, Pulsatilla, and fifty others that have stood the clinical test of a century, and will so stand forever because founded on exact observation according to nature's law. It was he who taught us how to rationally utilize them, thus providing a true guide everywhere and for all time. It was Hahnemann who taught the dynamization of medicines which he himself recognized as one of the greatest discoveries of the age, and which is wonderfully illustrated in these latter days by new discoveries in physics and the constitution of matter.

His wonderful instructions how to examine the sick and to distinguish between pathological theories and symptomatic facts as basis for treatment are entirely new in the whole history of medicine. It was Hahnemann who first advanced the single remedy, the small dose; the first to point out the true etiology and treatment of chronic diseases. And it was Hahnemann and Homœopathy who stood like a veritable Gibraltar for the doctrine of vitality as against all material conceptions of life and disease throughout the marvellous and dominating reign of modern materialism of the past century.

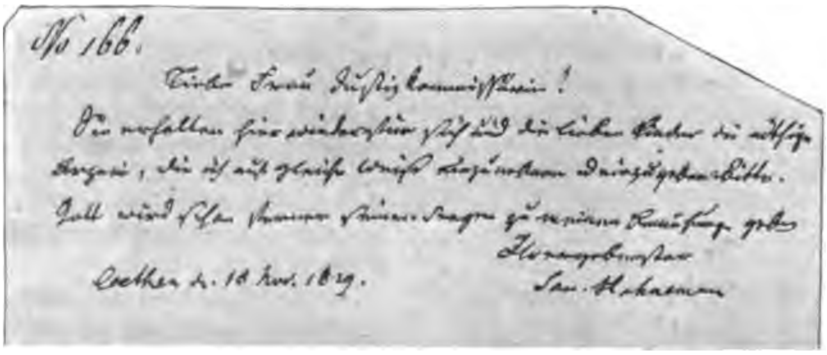
What then distinguishes the Homœopath from his old school brother practitioner? What else but the recognition of these things. His ability to utilize and make evident the law governing drug action and disease manifestation. And with what result?

Knowledge, faith and guiding principle with positive result here and lack of this special knowledge with the rudderless drifting of therapeutics there. To compensate for the hopelessness of the latter, the best efforts are put to extra medicinal methods of treatment, mechanical and surgical, with much excellence of result, to be sure, but the one mthod of intelligently guiding the reactive powers of the organism by the selection of a medicine working in harmony with nature's own efforts belongs to Homœopathy alone—it is the birthright of every Homœopath.

Hahnemann, as the embodiment of a great truth and the promulgator of a faith, Hahnemann the investigator, discoverer and reformer, belongs to that inspiring order of men forever enshrined in humanity's Walhalla—Columbus, Copernicus Luther. As Columbus gave Europe a new world, as Copernicus revealed a new heaven, so did Hahnemann discover in the realm of mind and medicine, while travelling over seas of knowledge, entire new continents of thought and islands of fixed facts, enriching the stock of human knowledge and vastly extending our means for mutual service. More than that. His creative genius was united with a critical mind of the highest order, enabling him to expose the false teachings that had become rooted in the medical world, and, like Luther, he freed it from blind adherence to false dogma, enabling it to come under the vivifying influence of the new century then just dawning upon mankind. What enabled him to do this? It was his early reception of the characteristic light of that century. How characteristic? It was the light of the inductive method of research; discarding all preconceived notions, to walk in simple faith by the light of natural truth; questioning nature, and awaiting her reply. This is the key-note of nineteenth century science. Hahnemann's work was among the very first expressions of that inductive method which was destined to rule all research. That method was the open sesame that brought to the conscious experience of mankind our modern scientific ideas and discoveries, not the least among which stands Homœopathy. Do you wonder that his books are republished to-day in every language, and read and studied more than ever? What modern scientific ideals does he not stand for? The same that have wrought in every other department of science the marvellous advancement so characteristic of our age. Single-minded devotion to truth; distrust of all mere authority and dogma; recognition of the reign of law, and working by its light and under its guidance; the simple and pure facts thus obtained serving as a basis for a rational deduction enlightened and broadened by the scientific use of the imagination. And all this for the disinterested love of pure science and the unrewarded service to mankind. These are realizable ideals, they became organic features in Hahnemann and his work.

I bespeak a glorious future for true Homœopathy. Do not be discouraged that we are still and possibly will long be in the minority. Remember where two or three are gathered together in any cause in the name of truth, with enthusiasm, faith and loyalty, they form a powerful moulding and creating force. Homœopathy stands for something very distinctive, something very vital and gloriously vigorous with the flush of modern life. The fact is Hahnemann was over a hundred years ahead of his time. To-day the regular school as interpreted by her greatest leaders, is in full accord with almost every one of his tenets, even those we ourselves have looked upon at best only patronizingly. Hahnemann's teachings have become a veritable mountain of light; they are so thoroughly established on the eternal principles of truth, so imbued with modern thought that to-day at the dawn of the 20th century they are still aglow with the radiance that has been theirs for a century. Our watchword in the department of therapeutics to-day, more emphatically than ever, must be onward and forward! Hahnemann in this department still leads, shines as a fixed star of the first order, and his teachings will yet hold complete sway even in the homœopathic school. Hence, Forward to Hahnemann!

HAHNEMANN'S HANDWRITING.



No 166.

Coethen d. 18 Nov. 1829.

Sam. Hahnemann

NOTE.—The above is a letter written by Hahnemann to one of his patients in 1829. This letter is the property of Dr. R. S. Copeland, of Ann Arbor, who kindly permitted us to reproduce it.

No. 166.

Translation.

Dear Mrs. Justice Commissary:

You here receive again for yourself and the dear children, the necessary medicine, which I ask you to take and to give as before. God will surely grant his blessing upon my efforts in the future.

Your Most Devoted,

Coethen, 18th Nov. 1829.

SAM. HAHNEMANN.

HINDRANCES TO HOMŒOPATHY.

BY A. EUGENE AUSTIN, M. D., CHICAGO, ILL.

At a funeral service, a long service of chanting and reading in Latin, in a Russian church, I saw the Greek priest place a passport into the hand of the corpse. Upon leaving the beautiful church, I inquired of my Russian friends: "Will you kindly tell me the meaning of that diploma?" "Certainly; he presents that to St. Peter; it is his passport into heaven." I knew that man's life and work to be of the lowest form, and was glad if for some pieces of gold his friends could buy for him an entrance into good society.

It is lamentable to have students go out from some of our medical colleges, whose diplomas mean little as passports to real proficiency in Hahnemann's Homœopathy. "A name to live" they have as homœopathic physicians, but how can they be truly alive to the great law of cure when it has not been truly taught them.

The State boards are clearly manipulated, they dictate the studies in which our students must be prepared. An overproduction of subjects are insisted upon to which the old school are obliged to anchor. They have no law, no philosophy, no Organon; and if it were possible would finally work it out of our colleges. They require our students to spend so much time in acquiring a profound knowledge of bacteriology, pathology, physics, chemistry, etc., to pass the State examinations, to say nothing of the blue seal, that the most important studies, which make us distinctive as a school, are crowded to the wall.

These enemies of our school are drawing the rope tightly around our necks. They blind even the press. A student coming here to Chicago, this very Mecca of Homœopathy, was obliged against his protest to have his children vaccinated before entering the public school. His little daughter died from the effects of that vaccination; the physician who did it acknowledged it, regretting that he was obliged to vaccinate. The sad father came to me, saying he had written an article against compulsatory vaccination, to do what he could to save other little ones. The editor promised to publish it, but he never did.

There are some who believe it is not necesary to send students to old school colleges, that our own can fully furnish them with all they need of chemistry, pathology, bacteriology, etc. I heartily wish it were true. I would like these brothers to visit the laboratories of Yale, the Harvard Medical School, the College of Physicians and Surgeons, N. Y., and examine their working material. The physicians who teach there have salaries from five to seven thousand dollars a year, and they do little outside, as a rule. They have money at their disposal to buy the finest equipments.

They have another advantage. The professors are backed by a solid faculty. Not one would presume or dare to call his brother professor a liar, because that professor's trained mind can see what less scholarly men fail to see, or because he is in advance of his time. I know what I am saying, for I have sat in those places and been taught by those men, and it took a long time to find out that they did not all love one another. They teach their students alike esprit du corps. This unit is power. Do not try to convert a man while he is in the old school college, wait until he is out and away from that united force, a year or so, and finds he has no real law to work upon.

Another hindrance is lack of unity in teaching. Students have said to me: "I do not know what to believe, one professor says 'There is nothing in potency,' another proves that 'There is everything in potency.'" I have brought men from the old school to attend some valuable lectures in one of our colleges, but I was careful not to keep them too long lest the next lecturer might call potency a delusion and our immortal Hahnemann a crank.

Some of our thoughtful men, who really love and practice the law, send their sons to old school colleges, but when they graduate tell them "Now I will give you your Homœopathy in my office." When they once grasp this beautiful, divine law in its purity, they will cling to it as a drowning man to a life-line; never to let it go. It is the men who go through mongrel schools who are necessarily weak, do not know where they stand, and are to be pitied.

I know there are worthy colleges with faithful deans and learned professors, who have fought long and well for pure Hahnemannian Homœopathy. All honor to them!

It has been wisely suggested to combine some of our medical colleges with established universities, as has been successfully done at Cleveland, Ann Arbor and at Chicago, not losing their homœopathic name.

But when State universities want our colleges but do not want our distinctive name, we should by no means approve of such affiliation. Did the College of Physicians and Surgeons, N. Y., lose its identity when it became a part of Columbia University? Did Rush Medical College drop its name when it became a part of the Chicago University? It makes my blood boil when I see how meekly some of our colleges would submit.

How shall we overcome the hindrances that block the progress of this benign land?

Back to Hahnemann, the fountain head! If you truly know what Hahnemannian Homœopathy is you can no more cease to work for its advancement than light can help shining! Marvelous cures, radical cures are being made by knowing how to apply to each individual case, the deep knowledge of the law. Do you doubt? So did I, but I came and saw and found "the half had never been told." Come, see, and convinced go forth prepared to conquer the diseases that have baffled all other medical skill!

Gifted and learned men there are among us who can teach the Organon, the philosophy of Homœopathy, surgery, bacteriology, pathology, chemistry, and all the branches that a thoroughly equipped physician should have at his command.

Where shall they teach?

Let our combined efforts rear such an institution as the world has not yet seen. A college of Hahnemannian Homœopathy.

A college whose buildings and equipments shall

meet the fullest requirements of these progressive times; whose curriculum shall meet all the demands of the students who would be thoroughly trained. Let us have a hospital there where we can demonstrate to the world what Homœopathy can do—where cancer, epilepsy and diseases, supposed to be incurable, can be shown to be healed.

Where will the millions come from to build and equip and maintain such a college?

By the united efforts of those who are thoroughly roused to its need. A flake of snow is small, but flakes added to flakes become a mighty force. Let each physician do his part and we will have a mighty army. Let lesser things and selfish interests that hinder and divide be burned away in our mutual zeal for the common good.

Let the shrieks of pain where pain need not exist, let the death agonies where death need not come, nerve us to bravely do our duty to suffering humanity. It is a sacred trust. Hahnemann's law of cure means liberty from the galling yoke of disease, it means salvation from the untimely death of thousands.

Shall we let them suffer and die? God forbid!

HOW NOT TO TEACH MATERIA MEDICA.*

BY LEWIS P. CRUTCHER, M. D., KANSAS CITY, MO.

I desire to extend a word of apology for my failure to prepare a more exhaustive paper upon this topic. and hope you will have no trouble to forgive me when I tell you that I have been prevented from doing this by the exacting duties of the office, which I have the honor to hold, and other responsibilities which I need not mention here.

My object in talking upon this negative subject is to bring out the opinions of my auditors, because from these we may hope to glean something of benefit to both the student and the teacher of Materia Medica.

You wonder, perhaps, why I did not prefer to talk upon "How to Teach Materia Medica;" but when I remind you that it is hard enough to teach it without trying to teach how to teach it, you will, I think, agree with me to allow that topic to remain in the hands of the specialist, editorial writer, who, when he has writen upon "How to Teach Materia Medica" has given us a very good lesson in "How Not to Teach Materia Medica."

The old adage, "Fools rush in where angels fear to tread," is somewhat pertinent just here, because he who is experienced in the task of teaching Materia Medica is ready modestly to admit its difficulties, while he who knows but little of the subject or its teaching is ever ready to rush at us with a pen full of ink but without a point.

No man is ready to talk upon how to teach Materia Medica till he is in a position to change it to "How I Teach Materia Medica," and then we may hear him with interest and profit.

And this but brings up the fact that the secret of successful Materia Medica teaching is to be found in individuality. Dr. Dewey was in our city during the past winter, and he said to me, "I would that this were your lecture day, I had hoped to hear you teach." Now it is easily evident to you that Dr. Dewey could not have learned anything in Materia Medica from my teaching, but he was conscious of the fact that each teacher has his individuality, or, if you please, his peculiarity in this matter. and Dr. Dewey wanted to study me instead of my theme. So also should I have the good fortune to appear in Ann Arbor on Dr. Dewey's lecture day. I would jump at the chance to hear him for the dual object of learning something in Materia Medica and also to study Dr. Dewey and his methods.

Who of you has not heard of "Kraft's Method," of how he illustrates Materia Medica, and who of you would attempt to copy this method? Surely when you leave Kraft out of "Kraft's Method" you have Hamlet without the Hamlet. And so it is with every teacher of Materia Medica, he is born, not made, and his inherent individuality is the key to his success.

I am persuaded that we give too much time to the study of our remedies, and too little to the study of the student; for mark you, while the teacher has his individuality, the student also has an individuality that must be reckoned with.

To set up a lot of bottles and attempt to fill them by throwing a bucket of water at them is no less ridiculous than a disregard for the student's individuality.

It is altogether wise to instruct the student to study some one remedy till he knows its symptomatology thoroughly, and then he will be ready to study other remedies through comparison, and this comparison is the meat of successsful study, just as individuality contains the key to successful teaching.

Watch the several students and into each very carefully pour your knowledge of Materia Medica, and you will have solved the problem of teaching, at least so far as the student is concerned, and if you at the same time throw your own individuality into the work coupled with a thorough knowledge of the subject in hand, you will not dread the "How to Teach Materia Medica" so much as "How Not to Teach It." I thank you, indeed, for your patient attention to this somewhat disconnected effort.

11115 Grand Ave.

Surgery.

LAPAROTOMY SUTURE.

JAMES G. GILCHRIST, A. M., M. D., IOWA CITY, IOWA.

In the February number of the International Journal of Surgery there is a very singular article on the above subject, singular not so much from the nature of the complicated suture described, as from the almost absurd arraignment of the more commonly employed methods, attributing common results to its employment which I have never witnessed. Dr. Chambers, the author, must have had a most unusual experience, or those whose work he has witnessed must have used "main strength" in tying them to produce such "agony," "inverted skin," "Jacob's ladder" results, and other terrible conditions. However, this communication is not designed to criticise the doctor's skill so much as it is prompted by conviction that the question, although one of rather minor importance, is not yet fully settled. Nor do I venture to imagine that anything I could say would be final, or meet general, to say nothing of universal acceptance.

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*Read before the Missouri Institute of Homœopathy at St. Louis, 1904.

It is now within a fortnight of my forty-third anniversary as a medico, and for at least thirty years of that time I have been more of a surgeon than anything else, and for twenty years I have done surgical work exclusively, literally so. When it is mentioned that in the work done during this long period at least three thousand abdominal sections have been made, rather more than less, enough has been said to warrant my claiming the right to an opinion. Of course, there is much in the past of which I am not at all proud, some of which I am heartily ashamed, some the memory of which causes me to blush, and the memory of quite a good deal that I could wish had never been written. Still I hope there has been something gained out of this long pupilage, and that the future will produce less room for criticism than the past.

The facts most forcibly impressed on my mind as to the conditions favoring rapid repair and ideal recovery are that rapid operating, short anæsthesia, minimum handling of the viscera, and the shortest exposure to the air, plus Hypericum followed by Arnica, with Aconite, Rhus or Arsenic, if symptoms of peritonitis arise, are the essential items in the management and treatment of abdominal cases. In fact, hardly anything else counts for much. Now and then I see an operator who ought to be a better one "unravel" a patient, pass over tissues trying to identify them, who would have used some of his time to good advantage had he cultivated the "tactus eruditus," and taught his eyes to interpret what they saw. But how about that suture?

During my surgical life I have used all kinds of suture, about every kind that anybody ever used, and for a time always thought I used the best kind there was. But as time went on the methods became simpler and more simple, until in the last two or three hundred cases the technique has settled down as follows. Yet I am willing to admit that the chances are, if I have much more work to do, that some change will probably be made.

The material used is catgut throughout, deep and superficial, and in one piece from start to finish. In the first place the incision nowadays is always made in the body of the rectus, in median cases, or in the direction of the external oblique fibres in lateral, and no fibres cut, always bluntly separated. In closing it the first stitch is taken in the lower angle of the peritoneal incision, and this structure closed by a continuous suture, enclosing a generous portion of tissue. At the upper angle a knot is tied, and the fascia similarly sutured downward, where another knot is tied. The integument is then sutured, upward from that point, the same suture throughout. I should have said the suture is the continuous "running" one. In my "fleshy" subjects there may be small spots where there are "dead spaces," and in such I use a small "cigarette" gauze drain for twenty-four hours. About two narrow (one inch) adhesive straps are applied, over this a pad of gauze and over this a broad adhesive strip reaching to the spines of the ileum on each side. These dressings are never disturbed for a week, at least, if no accident happens, and usually come off as clean as it went on.

Formerly the gauze pad was saturated with Hypericum tincture, but for a year or two this has not been done, the remedy being given in spoonful doses, about once in half an hour, for four hours, and then Arnica, as a routine remedy, as long as there are no indications for a different remedy.

February 15, 1905.

SIX WEEKS WITH ALSHAUSEN.

BY E. J. BURCH, M. D., CARTHAGE, MO.

Berlin, Jan. 31, 1905.

By calling at his office and residence in the south wing of the "Frauen Klinik" promptly at three in the afternoon, one may meet Professor Alshausen, personally. I found him a most pleasant gentleman, bearing his almost eighty years very lightly. He speaks English fluently, and quite readily granted my request to see his surgical operations. In taking me to the office of the burly "Portier" of the hospital, I was surprised at the briskness of his walk and the agility with which he ran up and down the corridor steps. The "Portier" took my name and Berlin address (and a tip!), and informed me that I would be notified of the operations by postal. So far I have been able to see from two to four laparotomies per day, with many minor operations additional.

Alshausen reminds me very much of Ludlam, operating like him and having the same variety and abundance of humor and wit, but in physique he is much smaller. In the operating room he wears a white duck suit with a large black rubber apron over it. He does not cover his head or beard, and never wears glasses when at work. His abdominal incisions seem unnecessarily large, and he is not over-particular regarding asepsis. Number five formalin catgut is used almost exclusively, except in ventral fixation of the uterus, when silkworm gut is employed. Have never seen him institute drainage after any abdominal operation, neither does he flush the peritoneal cavity. He appears to work slowly but expeditiously and without flourish. The finer surgical details are given little consideration. I cannot help noticing that his thumbs are exceptionally large, and their distal ends are knob-like and ugly. His left little finger is stiff at the second joint and bent at a peculiar angle. But his face bears ever a most kindly, fatherly expression, and his soft black eyes are almost hypnotic. He is not only looked up to by his patients and assistants, but is almost worshiped by them. While a trifle old-fashioned, perhaps, I do not think any one could work with Professor Alshausen for even a short time without recognizing him as a master in his line.

106 Friedrich Strasse.

Neurology.

A CASE.

BY N. B. DELAMATER, M. D., CHICAGO, ILL.

Miss ———, 15 years of age.

Family history good, no taint of any kind, previous health unusually clear; while she had from time to time most of the ordinary diseases of childhood, all attacks had been light and entirely without sequelæ.

She had always been considered as an unusually self-poised and quiet girl, never considered to be a nervous child at all.

Commenced school life at six in the public school, sent to a girls' boarding school under the care of an Episcopal sisterhood, was not overworked in her studies, and seemed very contented and happy in her school life, also strong and healthy, not at all subject to headache or complaints at all.

Menstruation was established at thirteen, and was perfectly normal, painless and regular.

One morning complained of some pain in the abdomen, not particularly severe. It hardly seemed worth while to pay any attention to it. She ate her breakfast and went into the school room as usual.

The teacher noted something in her appearance, and suggested that she go to her room and lie down, which she rather reluctantly did. About eleven o'clock she felt chilly, but paid no especial attention to it; ate her lunch at noon, and soon had increased pain in the abdomen, and an hour later vomited. A doctor was called (a very excellent one) to see her; he found her suffering quite a little from colicky pains, nausea; temperature 100°, pulse 95; face unusually flushed; during the next three days a regular typical run of cholera morbus, including the vomiting and diarrhœa, with moderate febrile condition, and a tendency to feeling or acting a little chilly at rather frequent intervals; a very careful examination was made on two or three occasions without finding any evidence of anything except an ordinary intestinal irritation.

On the fourth day seemed decidedly improved in every respect, and on the fifth day sat up. After being up about an hour felt dizzy, the head began to ache very severely, the face flushed up, and she had quite a little chill. The nurse noticed her eyes being crossed. Was put to bed at once and the doctor summoned; he found her moaning with pain in the head, not localized, general all over the head, slight strabismus. Temperature 103°, pulse 120, pupils seemed normal. He at once wired for me. I saw her that evening. I found her in a low, mild delirium, pupils seemingly normal in size, but responding to light sluggishly, exophoria of right eye, decreased mobility of right side of face, and incomplete paralysis of right arm; temperature 104°, pulse 130, with evident chilliness lasting a few minutes, three to five hours apart. She would not say a word, and seemed to have some difficulty in comprehending what was said to her; that is, there seemed to be a slow comprehension. We made a very careful examination of the chest, found no trouble there, also of the abdomen, and for rose spots anywhere on the body, nothing at all indicative.

During the next four days the pulse and temperature was very variable; the little short, chilly spells kept appearing. The strabismus and paralysis continued, the delirium present all the time, the urine rather scant and high colored, passed about half the time involuntarily, three to four movements of the bowels each day, thin, not watery, a fair color, with apparently some mucous; on placing this under the microscope found some pus. The tests of the urine did not show anything of special interest, nor did examination of the blood. On the fifth day coma and death, no convulsions.

The case was under homœopathic treatment from the first; the attending physician is one of the best prescribers with whom I am acquainted. He is a very careful student of Materia Medica; we both spent a great deal of time on the study of the case, both for diagnosis and for the remedy.

This case presented to me a few points of very great interest. There can be no reasonable doubt that at the onset the diagnosis as a simple intestinal disturbance was fully justified, as well as that later there was a well-marked meningitis. Was it a meningitis from the start with an abdominal complication? We fully recognize that meningitis often occurs as a secondary to various infectious and debilitating disease, diphtheria, scarlet fever, typhoid fever and others. It occurs many times following or as a direct result of cholera infantum. There may be a meningitis caused by septic infection from a collection of pus in any part of the body.

In this case, however, we have not a sufficient amount of fever or depletion to cause meningitis. There was no evidence of pus in the intestinal tract until after the meningitis was well established. We have before us the simple fact of intestinal disturbance at one time and without complete recovery from it a meningitis.

We note, however, that at the onset, even before the patient had any idea that there was any special trouble, the teacher noticed a peculiar general appearance that caused her to think the girl was ill; the next thing worthy of notice is the chilliness; all through the sickness from the first day to the end there was in conjunction with the fever very short spells of chilliness; this would hardly be the case with an ordinary simple cholera morbus; an interesting question arises here, were these attacks of chilliness caused by the formation of pus in the intestinal tract? If so, infection of the meninges would be easily acounted for.

It has been my misfortune to see quite a number of cases in which the history all through has been practically identical with this one. I have so far as my records show never had a case of meningitis following slight intestinal disturbance, without having present at the onset the sick physiognomy, that is, the patient is right at the beginning much more sick than there seemed to be any warrant for. The same may be said of these chilly attacks persisting. In many of them I did not examine the fæces under the microscope so cannot say whether pus was present or not, but during the last few years have done so, and always found pus about the time of the appearance of the meningeal symptoms. In two cases quite recently have made microscopical examination of fæces very early and found pus; one of them progressed regularly through a full meningitis, the other had but one day in which there were any suspicious symptoms; whether it would have developed a meningitis as I fully expected, had not treatment been directed to that end, I, of course, cannot say.

The entire experience leads me to a belief that in these cases there is first a formation of pus somewhere in the intestinal tract, producing the primary intestinal disturbance; that this accounts for the peculiar physiognomy and the chilliness, and that the meningitis is an infection from the intestinal tract.

The practical value of the conclusion is that whenever there is in what otherwise seems to be a very mild intestinal case, with this physiognomy and the chilliness, it may be possible to prevent the meningitis, that is, prevent the meningeal infection. I find two record cases that I had overlooked in which the microscope has shown pus very early; Silicea 30x has seemed to clear them up promptly. While I cannot say that either of them would have developed into a meningitis, I believe they would. At least this one point led me to a study of Silicea, and I was surprised to find it cover the entire case so thoroughly.

Psychology.

VICARIOUS MEDICATION.

BY J. T. GREENLEAF, M. D., OWEGO, N. Y.

The principle of vicarious medication is a very old one. The echoes of its employment resound through the ages from Galen and Hippocrates to the present, to the day of Lister and Koch. From the time when good King Canute threw the chains in the sea and thereby was seized with grippe, took snuff, and thus made his whole court sneeze till the welkin rang again.

Many a scrawny and snarling infant has been changed as by the stroke of a magic wand to a rosy, fat, and complacent cherub by medicating the woman, from whose maternal fountains it was getting harmful and deleterious sustenance.

Many a time has the insomnia and consequent nervousness of an anxious mother been put to flight by the careful administration of a well-chosen drug to the young darling of her heart, thus dissipating the night terrors of the child and procuring happy, healthful sleep for all.

There is probably no department of medicine, as a science, of which the public is more ignorant than that of mental and nervous diseases.

Possibly the writer should stop just here, but there are those who rush in where angels fear to tread, and it is respectfully submitted that even the medical fraternity has offered for observation certain isolated cases of practitioners who could learn a little more of this branch of medical erudition. Nobody here in this assembly is referred to, and no thought of anyone in the Empire State is entertained, but further, deponent saith not.

Some years ago the gray costumed minion of Uncle Sam brought an epistle to the manager of an institution for the care of the nervous and the insane, written on fine paper, in a painstaking and legible script with the words, "St. Blank's rectory," in ecclesiastical type in the upper left hand corner, and setting forth that there was a gentleman of the writer's acquaintance who was a little nervous and peculiar, and for whom change to sanitarium life had been suggested. It was also predicted that the patient was highly educated and accustomed to the best of everything, was of singularly sensitive temperament, and much in need of intelligent and refined associates. For the care and treatment of this case no reasonable price would be refused, and every possible aid would be rendered by the family and friends. A peculiar suffocating odor about the carriage in which this party arrived, was soon found to be due to the sulphurous fumes of the brutal blasphemy that poured out of its half opened window. One of the pair being the bearer of holy orders, the Gehenna like smudge was attributed to the patient. He very soon proved beyond all doubt that he was of a refined nature by the use of the vilest and most obscene language, and evinced his appreciation of luxury and delicate appointments by using the register for a water closet, and his fondness for the amenities of life by relating his connection with some of the most filthy acts that an insane imagination could conceive of. His fondness for quiet and retirement he exhibited by running out to any lady he might see with proposals unfit to repeat, and by proclaiming his financial standing to everybody to be on the good side of four or five hundred millions of dollars, and by presenting every one who came near him with checks for millions, and with gold watches studded with diamonds.

After inspecting with a supercilious air the neatly furnished and commodious detached cottage into which they were ushered at first, the clerical escort stated that he was afraid it was not good enough for the price they were willing to pay, and in reply to a query as to the approximate sum that would be realized from the case of the gentlemean, he rejoined that $10.00 per week would be the maximum.

Here was the place for vicarious dosing, and on looking up Gentry's Concordance, "Tells the most stupendous and unreasonable lies" was found under Veratrum album. This drug was administered to the escorting spiritual adviser in Fincke's c.m., and in about one-half hour the case of general paresis in its worst stage was located in the building for the untidy and violent.

A young lady of 22, whose mother's rich brogue indicated not a very remote ancestral connection with the early settlers on St. Patrick's Isle, was described to the manager of an institution as a very peculiar case, as one having been sent to a city hospital with a slight febrile malady, but who was located next the bed of an abandoned young Protestant girl who was all that freedom from the healthful restraints of the mother church and an early leaning toward fast life could make her, and with whom the patient had some way gotten her identity so confused as to think that she was the bad woman, whereas the actual fact was that she (the patient) was all that was good, clean, sweet and ladylike, and was possessed of these delusions from which she was to be relieved by treatment (evidently a case of lost identity and needing the inductive methods of Sherlock Holmes). Description did not fail to set forth that she imagined that she had been hypnotized into wrong-doing by a designing and unscrupulous physician. The worst of it all was that she was quite shameless in speaking of her imaginary abandoned life, and thus scandalized the mother and her younger sisters, who were people of some consequence.

The gentleman, who, with his wife, was sent to escort the patient, reported that she was so erotic and shameless that he had to secure a compartment in the car in order to get on with any decency.

The girl's own history of her alleged delusions was that she had been the mistress of the physician named, that their relations had been pleasant, and not at all unknown to the mother, that the result of their association had been removed twice by the curette, but that at the last time a Romanist had operated, and thus the priest had been acquainted with the life she was living, and had ordered her away from home. Examination proved the truth of her statement as to at least one pregnancy. A free talk with the operating physicians corroborated her whole story. Whatever may have been the moral turpitude of the poor girl in cot No. 11 while this patient was occupying cot No. 12, it was easy to see that the case was one of a peculiarly immoral aspect.

Plainly another case for vicarious medication; after prolonged study it was discovered that "paroxysms of blindness by day" was found under Aconite, and "paroxysms of blindness by night" was only under Belladonna both these drugs were administered to the rotund, rubicund and radiant lady-mother from the verdant Isle of Erin, with the effect of so leaving her vision as to place the patient in a cottage where violent and morally unbearable cases were received.

A gentleman who was recovering from an attack of delirium tremens, who had so far been restored to health as to have his entire liberty in the hotel of his brother, who was much like himself only that he was haunted with conscientious remorse as having so far forgotten himself as to touch alcoholic beverages at all. The special bitterness of this deflection from moral rectitude was due to the fact that he had promised his mother, now dead for years, that he would never touch anything of the kind. It was desired that he be allowed all freedom possible, be amused and diverted, and that he have an individual nurse who would keep him cheered up and in a happy frame of mind. A few suspicious little acts attracted the attention of the supervisor of the cottage where he was located, and on acquainting the physician with his thoughts and the facts that prompted them, the management wrote the brother asking for further history of the case, and for permission to keep him indoors and in safety unless accompanied by a nurse. Rather an angry, not to say sarcastic, response was received, and the freedom was still allowed, only to have the patient jump from a bridge into twenty feet of water, and when he rose to the surface, to strike at and swim away from the nurse, who was where he could have saved him.

Wilful suicide. Post-mortem inquiry elicited the fact that suicide had been attempted repeatedly before he was received, and that the closest kind of surveillance had been exercised as long as attendants could be gotten who would assume the responsibility. As this case was dead no effort was made to dose the friends.

The deduction from these few cases are:

First, That more than in any other kind of diseases are the very vital facts kept back, the knowledge of which not only tend to recovery, but make it sure that no damage be done either by or to the patient.

Second, That in very many cases direct falsehoods are told to shield the morals of the case from a sense of false modesty.

Third, Not a few such deceptions are practiced with the connivance of physicians.

The remedy for this state of things lies within the reach of the practitioner, in his making an effort to see that the sanitarium staff are in full possession of all the facts in the case, and in the fullest reciprocity between these followers, not only of the noble calling of saving life, but of the humanitarium practice of saving precious time in the cure of a case, and of keeping useful lives from being sacrificed to whims and delusions.

No practitioner ever need be afraid of anything but the most considerate reception of his efforts to help in the treatment of the cases he sends to a sanitarium.

First, Because no sanitarium manager is ever so self-sufficient as to think he can get along without the practitioner. Second, Because the benefit received at sanitariums is due mostly to the appliances and surroundings that the practitioner can not obtain because of the friends and family of the patient. Often the removal from one whose manner is too sympathetic will cure the case alone. Often the change itself goes a long way to accomplish restoration to health. The continuous hourly association between physician and patient, which, from the demands of his other patients, the practitioner cannot accomplish, often does the work of revealing symptoms and conditions that were habitually and intentionally concealed from the practitioner.

No sanitarium manager ever claims any superior skill (unless it be in a specialty), but frankly disclaims anything of such a nature except more favorable surroundings and a better opportunity to judge the case in all its bearings.

What, then, is the intent of the foregoing? To call the attention of physicians in general practice to the fact that gross deception is employed by anxious and admiring friends in their dealings with sanitariums, and to ask that physicians see to it in the interests of their patients that sanitarium physicians have all the knowledge that they, the family advisers, can furnish.

To ask that the utmost frankness and the closest fraternal relations be insured between these gentlemen in a noble profession to the benefit of the suffering, and to their mutual good and success. [N. Y. State Hom. Society.]

Paedology.

ACID AND ALKALINE BABIES.

BY L. A. JACKSON, M. D., COLUMBUS, O.

In the normal or alkaline baby all the secretions and excretions are alkaline in reaction except the urine and gastric juice, consequently we have a fat, hearty baby, ready to eat and sleep at stated and regular intervals, and ready to laugh and crow at all times. A baby that is rarely ever cross or fretful, one that cuts its teeth without trouble; no fever, no diarrhœa or vomiting. This child has a small stomach which is tilted up under the ribs in almost a perpendicular plane. The liver is very large, occupying almost two-thirds of the entire abdomen. The weight of the baby at birth is eight or nine pounds.

But look at the acid child. Under weight, red lips, red pointed tongue, large dilated stomach, with its large secretions of acrid gastric juice; small, dark brown liver, with a correspondingly small amount of bile. This child is poor, scrawny, looks like a little dried up old woman; never feels well, always cross and fretful, vomits up milk in curds, bowels loose, stools green, mouth aphthous; child always hungry, but food causes gastralgia, and baby is fretful for several hours after nursing, unless vomiting takes place.

There is a condition which we meet at times, and that is a child in which the alkaline condition is excessively preponderant. This child is over fat; muscles are flabby, bones soft, hence we see the bowlegs so prevalent in this class of cases. In disposition they are good-natured, excessively so; when disturbed they only grunt; are ready to eat at all times, and to not like it very well if the milk don't come fast and often. These babies put in the greater part of the time sleeping.

Etiology.

The acid child is acid usually from inheritance, though not necessarily. When the cause is hereditary the mother will be found to be thin, restless and nervous, with a tendency to acidity, manifested by what she calls a sour stomach. She will usually be fond of acid foods, or of foods which produce acids. They will tell you that some old lady friend has told them that if they eat this class of food they will have an easy labor. While this may be true, they should be taught that they are not living for themselves alone during gestation, but must consider the existence of another human being, who is absolutely helpless, and who will always feel the effects of their self-indulgence and selfishness. The acquired causes are nearly always from mistaken kindness on the part of the nurse, giving a healthy baby, at birth, indigestible, acid or acid producing food. Such as cow's milk not properly prepared, or sugar and water, or whiskey and water. Or the mother may be too active after labor and overheat herself and thereby forming an acid producing food. Or the child may be overfed, being allowed to nurse whenever it cries. Allow me to say at this point that it is much easier to overfeed than underfeed a baby. This error is frequently made, and is one of the most common causes of changing a normal baby into an acid one. As to why these conditions bring about an acid baby. The saliva is not secreted until seven to ten months of age. As before stated, in the normal state the stomach is small, while the liver is large. The infantile digestion is, we might say, almost entirely intestinal, there being just enough gastric juice secreted to acidulate the milk, hence the wise provision of nature in supplying the infant with a large liver to secrete the great amount of bile necessary to emulsify the milk diet.

The bile has a strong alkaline reaction, as has the pancreatic juice, which neutralizes the effect of the gastric juice.

The intestinal glands which are acid secretions are not yet in evidence.

On a trip down the alimentary canal of a child we will find only the stomach with its gastric juice and the liver with its bile and the pancreas with its fluid, and the assimilatory lymphatics the balance of the digestive organs are as yet not developed sufficiently for the work for which nature intended them. As the child grows older the acid producing glands of the intestines, together with the salivary glands, begin their function, when the mother's milk becomes more alkaline to assist the saliva to counterbalance the acrid conditions now found in the intestines. The baby which has been carelessly fed, or improperly cared for, will develop a large stomach, which will secrete a correspondingly large amount of acrid gastric juice, and the liver which becomes smaller and dark brown in color will not secrete a sufficient amount of bile. The pancreatic fluid will diminish and the absorbent lymphatic will decrease in their functions, all for lack of proper nourishment, and then when the food is given it will, immediately on reaching the stomach, be curdled by the excessive amount of acrid gastric juice, and thereby aggravate the abnormal conditions already existing, namely, the enlargement of stomach by stretching, and at the same time a greater flow of the acrid gastric juice and a diminished flow of alkaline bile and pancreatic fluid and a diminution in function of assimulating lymphatics. Is it any wonder that this baby is cross and fretful and always has the physician in attendance, and the mother worried nearly sick, which, by the way, is another contributing factor to the breast-fed babies' bad health. What little nourishment is taken up is through the capillary, and the balance of this stone-like acid mass passes on and comes in contact with the small amount of alkaline bile, and war is immediately declared, with the result that the wounded are carried from the field in the shape of green stools and vomited curds, and finally cholera infantum comes along and transfers the field of battle to the cemetery. Or, if the child, through some unexplained means, lives, it will develop rickets, worms, or some other disease, and be a chronic invalid the balance of its miserable days, and if a girl, bring into the world other children to go through the same process.

Treatment.

The treatment is both dietetic and remedial. And the dietetic treatment can be regulated by a rule, and that the rule of contraries. Both dietetic and remedial should begin as soon as pregnancy is known to exist. Duncan has formulated two rules on diet for the expectant mother. I will quote them:

Rule I.—Acids, spices, stimulants and activity (to the point of exhaustion), interfere with digestion and assimilation, and besides have a tendency to tear down what is already built up.

Rule II.—Fats, sweets, starchy food, water and quiet aid digestion and assimilation, nourish and fatten the body. I might add that all rules have exceptions, and in this case I would eliminate the sweets in rule 2d; while they are fat-producing, they are also acid producing, and should not be allowed. The remedies indicated here will be taken up later.

Feeding the Acid Child.

If the condition has existed until the child is a living skeleton, great care should be taken in getting a start into the path leading towards health. These little patients are in much the same condition as an older person who has been fasting for a great length of time, and the first meal may do irreparable injury

I usuallly begin with an oil bath, either olive, or sweet almond oil, preferably sweet almond, or by giving a milk bath, and by a milk bath I mean, three parts water to one of milk. If the child has green, bad smelling diarrhœa, vomits food and water as soon as given, the first order of business is to give the stomach a rest for twenty-four to forty-eight hours by allowing no food or water to be given, except in bath. These baths may be given every two to four hours, and if the oil is used, rub gently into the skin with the fingers, and the residue carefully washed off with a soft cloth. This will prevent any odor which might arise, although, if the almond oil be used, there will be little odor after if the residue is not washed off. Great care should be exercised in the rubbing, as this baby has a very thin skin under which there is no layer of fat to act as a cushion, hence, it is easily irritated and injured. After a few days or hours, as the case may be, when the vomiting and diarrhœa has disappeared, it has been my custom to prepare Eskay's albumenized food, according to directions on the box, only using water in place of milk, and give in small quantities, sometimes starting with a teaspoonful every one-half to one hour. After a few hours this amount can be increased. Another food sometimes found beneficial in these cases is oatmeal, which has been slowly cooked and double boiled for four hours and then strained through a cheese cloth; add sugar of milk and dilute with warm water so that it can be taken through nipple.

You will notice that these few suggestions deal with bottle-fed babies. In most cases of breast-fed babies the food can be regulated by the diet of mother, and can be regulated by feeding Dr. Duncan's rule for pregnant women before quoted.

An acid baby should never be given cold food or drink, neither should ever be cooler than blood heat, and it is better if the food is 160 degrees F.

As before stated, great care should be exercised to see that the baby is not overfed. A good plan is before leaving the confinement chamber to tell the nurse, and speak loud enough so that the mother can hear, that this baby is to be fed at regular intervals, of, say, two hours for the first few months, and it is to sleep at stated times, the amount of sleep to be governed by conditions of child. If an acid child, then twenty-two hours out of twenty-four are none too much. If alkaline, then fifteen to eighteen should be sufficient. In fact, the lives of all babies from the first day should be governed by the clock. If these directions are fully carried out there will be little need for the physician's attendance, and the mother and child will both be healthy and happy.

Feeding the Excessively Alkaline Child.

In this class of cases the object is not to induce flesh, as in the acid baby, but, on the other hand, to keep down the fat and great amount of fluids, and the giving of the kinds of food that will make bone, muscle and brain substantial.

We will meet with some objections in regulating the diet of those fat babies on the part of both mother and child. On the part of the mother because she thinks that her baby is so fat and plump that it ought not to be sick or its diet interfered with, or anything that will reduce its flesh, as all mothers are proud of a fat baby. And the objections will come from the child because it is a glutton.

If the mother is in the habit of having excessively fat babies, her diet should consist of foods like graham in some form or other, fruits and some acid foods. After birth, if the child is nursed by breast, then all that is necesary is to watch the mother's diet.

In the case of these babies it is the fatty acids that create the trouble. We have all seen cases in which the fat, healthy baby was given one feeding of sour milk, and the loss of flesh in a few hours was frightful; hence, it is very essential that with bottle-fed babies that the milk be absolutely sweet and without adulteration, and the nipple and bottle be sweet and clean. Another thing that it is wise to attend to is to see that the nipple is so arranged that the milk does not flow too fast.

These children soon learn to relish bread and milk, and this taste should be encouraged, and as the salivary glands develop, they should be given the crust of whole wheat bread to chew. Potatoes is an article of diet for which they soon cry, but should be restricted as they are great fat producers.

These excessively alkaline babies are fond of being carried with the spine next to the nurse's arm, as that produces heat, and thereby aids digestion, so that they are soon hungry. From this it will readily be seen that this child should not be fondled very much, but allowed to amuse itself on the floor so that it can exercise its flabby muscles. It should be allowed exercise in the open air. I know of no better way to accomplish this than the so-called baby walkers. They can be placed in these and put on the porch, and if properly dressed, can stand a pretty cold day, as they are well supplied with fat to keep them warm.

Diet for a Normal Child.

In a general way the following ℞. taken from Duncan will answer in most cases:

Fat, 3 per cent.; milk, 7 per cent.; albumen, 1 per cent.; mineral, H. 20 1.5 per cent., H. 20, ad. 100 per cent.; number of feedings in 24 hours, 8; amount at a feeding, 33½ ounces; alkaline, 5 per cent., alternating by adding lime water; heat, 160° F.

One word as to the sweetening, always use sugar of milk, as it is free from adulteration and aids digestion and assimilation.

Remedial Agents.

In the selection of food we stated that it was governed by the rule of contraries. In selecting the remedy we must be guided by Hahnemann's rule—Similia similibus curantur. Hence, an acid child will require an acid remedy, and an alkaline child an alkaline remedy. I will name the remedies without giving special indications, and they apply to the pregnant woman, and should be given to her during her pregnancy, as well as the child after birth.

As a rule, in observing the patient for the selection of a remedy, the prominent symptoms noted in the acid child will be pain, fever, restlessness, and with the alkaline child, coldness, pallor and prostration; of course, this applies to the more serious diseases.

The acid remedies are Arsenicum album, Iodine, Silica, Phosphorus, Graphites, Tellurium, Antimonium crudum, and all acids.

The alkaline remedies, Ammonium, Kali carbonicum, Causticum, Natrum carbonicum, Baryta carbonicum, Aluminum, Calcarea carbonica, Zincum, Mercurius, Stannum, Argentum, Cuprum, Platina, Plumbum, Aurum.

In the vegetable kingdom acid remedies are Rhus toxicodendron, Pulsatilla, Aconite, Staphisagria, Podophyllin, Thuja, and Mezereum. Alkaline are, Nux vomica, Ignatia, Belladonna, Dulcamara, Rhododendron, China, and Bryonia. [Read before the Southeastern Homœopathic Medical Society, Jan. 26, 1905.]

Miscellany.

FOREIGN HOMŒOPATHIC LITERATURE.

EDITED BY P. W. SHEDD, M. D., NEW YORK.

Attention is called to the following valuable article, entitled "Streptococcin, by Dr. H. Kubasta, of Vienna," translated from the Allgemeine Homoopathische Zeitung.

Recently I have verified several times the value of Streptococcin (Nebel), but have found it inferior to a remedy noted in Ruckert's Clinical Experiences, viz., Anthracin. A number of cases treated therewith by Ruckert were casually submitted to two bacteriological friends who were at the time investigating gangrene, infectious emphysema, etc. Their opinion was asked as to the causa morbi in the cases (cited below). They declared them to be streptococcic infections, both from the period of incubation and the course of the disease.

Case I. M., æt. 22, strong and healthy, received a compound fracture (two wounds) of the leg from the fall of a heavy stone. Apparently from a chilling of the limb (for the loose dressing could not have been at fault), there developed, after six days, redness, swelling, pain and on the tenth day a large black bleb on the inner side of the thigh and knee, extending longitudinally about four inches. When incised a bloody water flowed out. The whole thigh was markedly swollen, also the foot. The fracture-wounds exuded a reddish sanies.

On the twelfth day a livid redness of the whole thigh to the nates, hard, painful, the leg almost black-blue; the foot œdematous; the site of the bleb mortified, secreting a stinking discharge (secondary degeneration); dead tissue removed. Sleep, because of the diminished pain, was better. The site of the bleb with its gangrenous floor increased in size, 12 inches long, several wide.

℞. Anthracin 8, gtt. vj on Sac. lac., 1-12 of this every four hours.

The inflammation halted; the area on the thigh necrosed to the fascia lata, large masses being cut away. After three days beautiful granulation appeared, and the cure proceeded normally.

Case II. M., æt. 43, strong, corpulent, wrote February 19, that he had suffered for several days from a swelling on the nape, the size of a hazel nut, burning, firey red, hard and pointed.

℞. Anthracin 8, gtt. vj on Sac. lac., 1-12 thereof t. i. d.

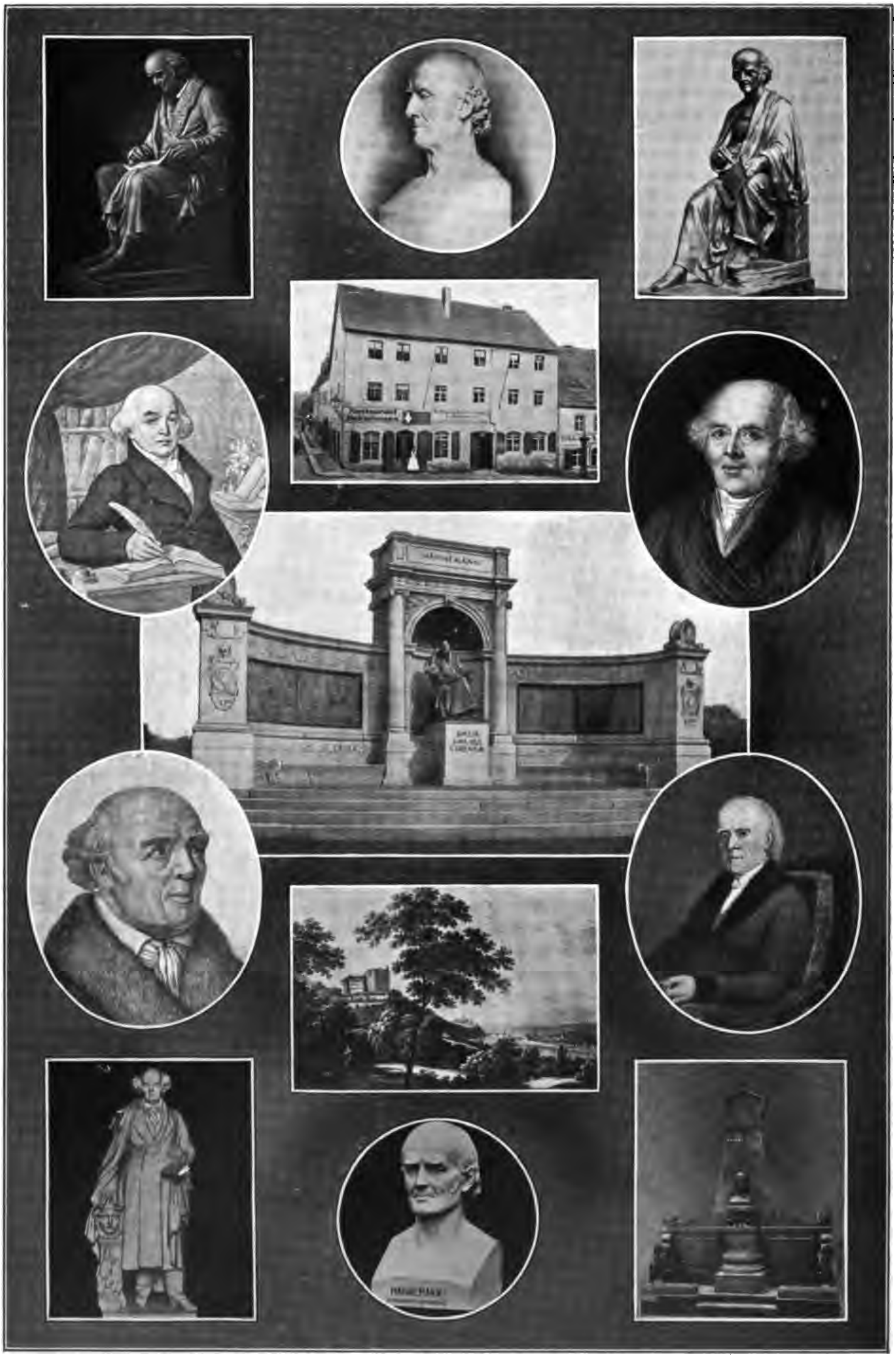
On February 22d, the tumor broke, but the opening was small and no pus was discharged. It is still hard, and dark red inferiorly. Sometimes the pains are slight, again violent as if the skin were touched with nettles; languor and general weakness. Anthracin gtt. viij was given. On February 28th the opening enlarged and there formed two large and several small vents. The discharge was watery, sometimes bloody, very little pus, and the cure rapidly progressed.

Case III. Girl, æt. 1 and 3-4 years, sick twenty-four hours. Symptoms, the whole left hand, excepting the fingers, was bright red, swollen, and very painful; the redness progressed past the wrist and a streak of it reached the middle of the forearm. In the centre of the palm was a large bleb, apparently containing pus, but on incision only a yellow watery fluid discharged. The child could not sleep because of pain; had fever, thirst, little appetite, was suffering greatly and much prostrated.

℞. Anthracin 8, gtt. ij in water, teaspoonful every three hours. In four days the bleb had dried up, and there was not a trace of redness or swelling.

These three cases exhibit characteristically the disease syndrome.

HAHNEMANNIANA I.



THE LEIPSIC STATUE — DAVID'S BUST — THE DESSAU STATUE

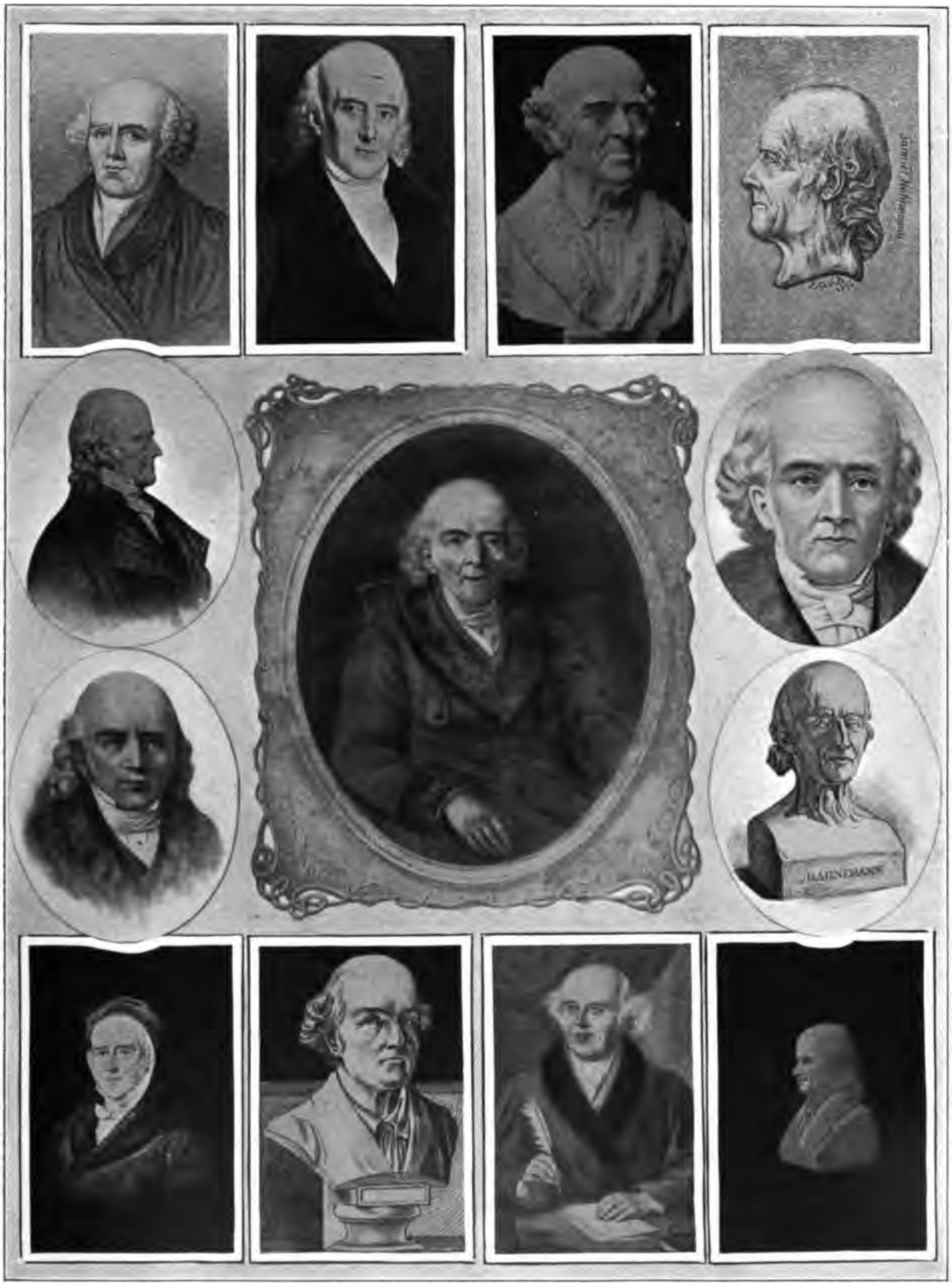
BIRTHPLACE AT MEISSEN

JUNGE'S PORTRAIT — THE HAHNEMANN MONUMENT AT WASHINGTON — VON SCHOPPE'S PORTRAIT

THE DITTMAR PORTRAIT — VIEW OF MEISSEN — THE LEAF PORTRAIT

STATUE IN COETHEN — VON KNOLL'S BUST — THE PARIS MONUMENT

HAHNEMANNIANA II.



THE EXAMINER PICTURE THE BRADFORD PICTURE THE BOERICKE & TAFEL BUST A DAVID MEDALLION
A PROFILE VIEW THE EUSTAVIEVE PAINTING HAHNEMANN ADVOCATE PICTURE
NEW YORK STATE SOCIETY PICTURE THE HAHNEMANN PUBLISHING HOUSE BUST
MELANIE'S PICTURE (DUNHAM'S) A TRADE BUST MARGGRAF'S PICTURE DR. GRAY'S BUST

We have already learned from pathologic anatomy that in severe septicæmia there is little or no pus formed.

The toxin seems necessarily to undergo a diminution in virulence before pus forms, and is eliminatively discharged.

In our cases, also, we find great weariness and prostration, inflammatory redness, œdema, tearing, intermittent pains, the "apparent" maturity with pointing and fluctuating leading to a supposition of pus, while from incision or spontaneous opening only a slightly serous or bloody-serous fluid exudes; also inclination to tissue necrosis shown by blackish or bluish discoloration up to complete gangrene. This last characteristic is most apparent in bruised or otherwise injured (diabetic) tissue.

Anthracin in Ruckert's three cases proved most efficacious, and the question now is, whether these cases, viewed in the light of modern bacteriology, may not give us new indications. This I think may be answered affirmatively, especially in regard to the indication that Anthracin is notably curative in streptococcic infection. Jahr, in the preface to Venereal Diseases, says: "It is otherwise with diseases due to specific causes, and exhibiting specific pathologic processes, of which Hahnemann in his Medicine of Experience remarked, 'If a specific be found against them it will invariably heal in pure types of the affection.' " And, I might add, even in mixed infections, where the specificum will remove its corresponding disease-component, and render the case less difficult. The following cases may illustrate this point:

Case I. Patient, æt. 33, strong, healthy. The ailment began with an apparently mild, little painful, lymphatic inflammation on the dorsum of the right foot, commencing between the fourth and fifth toes. Unnoticed at first, he continued to use the limb, and in two days locomotion became impossible because of the violent tearing, burning, tensive pains, and he took to his bed. Meanwhile, with febrile accompaniment, a deep-red phlegmonous erysipelas developed on the dorsum pedis, a red streak progressing up the limb. Belladonna was useless, Apis also, when later, the swelling became œdematous, and continued alcohol dressing merely kept the process stationary for three weeks. The foot remained horizontal, as in other positions the pain was excruciating. An endeavor to stand erect for a while resulted in extension of the trouble, with swelling of the inguinal glands. Arsenicum and Bryonia were ineffectual, also Pulsatilla and Thuja, selected according to Jahr's Symptom-Codex.
discoloration in the centre of the red tumor which occupied the whole dorsum pedis, through which the swollen dark veins could be seen. Gangrene was feared, and a consultation advised surgical interference. At one point it seemed as though the pus were collecting in the deeper tissue, and I gave for a day Mercurius solubilis 3, every half hour, with anything but relief to the patient. Then I remembered Ruckert's Anthracin cases, and prescribed the remedy in the 30, dose every three hours, also, because of the threatening appearance of the veins, Hamamelis 3, alternating half hourly with Hepar 6 dil. The hitherto progressive swelling and redness disappeared in four days, and in six days the patient could stand.

Case II. Smooth, facial erysipelas with œdema, starting on the right and attacking the whole left side, treated at first with Belladonna and Apis. Anthracin 30 produced a greatly accelerated cure. As sequelæ there appeared a sty on each eye, with marked œdematous swelling of the lids and very unpleasant tearing pains here and there. Apis 3 and 30, and Staphisagria 200, were without any rapid results, objective or subjective, while Anthracin 30, given alone every three hours, healed in two days. In one lid a little pus formed, which was pressed out; in the other the infiltration was absorbed.

Another erysipelas case, recently finished, was cured in eight days with Aconitum, Anthracin, Belladonna.

Case III. Here, I am led to remark, that in tuberculosis the acute aggravations are due to mixed infection, especially with the bacillus influenza and the streptococcus.

Mrs. S., æt. 60, had been for some time under my care for tuberculosis of the left lung, marked catarrhal symptoms and a large cavity in the left upper lobe. Until this spring Hepar had prevented any marked change for the worse. Then hectic fever with sweat, great prostration and emaciation set in, and I lost hope. However, with the idea of a streptococcic infection I prescribed in addition to Hamamelis and Hepar Anthracin 30, three pellets every three hours. The fever abated rapidly, she rallied, and with Stannum 30 and Hepar 30 I sent her to Gleichenberg, whence she returned in the autumn markedly improved.

Case IV. An old man, æt. 76, diabetic. Gangrene appearing on the perineum Aconite, Apis, Hepar and Anthracin 30 soon limited the process, cast off dead tissue and healed the case.

In scrofula I frequently use Anthracin where Arsenicum is symptomatically indicated, but does not act; often prescribing it at the beginning. A case of scrofulous conjunctivitis is recalled where Apis 30 was of little use, Anthracin quickly cured. (Streptococcic infection from dust.)

In obstinate catarrhs where the patient is much exposed to dust, with great languor and depression, especially when the genus epidemicus disposes to anginas, arthritic rheumatism, erysipelas, I have used Anthracin in alternation with the otherwise indicated remedy with benefit.

In graver diseases the remedy may be used for days without danger, one to three pellets every three
In the fourth week there appeared a dark red-blue
hours, without the least sign of pathogenetic symptoms.

I use the 8th centesimal trituration (Kittel), potentized by myself to the 30th; unfortunately I know nothing further of the scope of the remedy

These communications should serve to stimulate investigation of this powerful drug, showing that its radius of action is greater than hitherto supposed, far exceeding that of Arsenicum.

At the close of my work a remark of Dr. Pinart on Anthracin was noted in the Journal Belge d'Homœopathie, Vol. XI., No. 5, in which he says: "This remedy is indicated in anthrax, furunculosis, abscess, bubo, in general, in all inflammations of the connective tissue and skin, acute or chronic, where a suppurative focus exists," either the case of a young man afflicted with submaxillary abscesses opening externally and continually renewed. The numerous homœopathic remedies given had no effect. A few globules of Anthracin rapidly cured, but if the remedy were withheld for a few months the abscesses reappeared.

My own observation has also taught that the drug must not be discontinued too soon.

The older homœopathic remedies having most relation to streptococcic infection are Veratrum viride (low potency), Bryonia 6-30, Arsenicum 6-30.

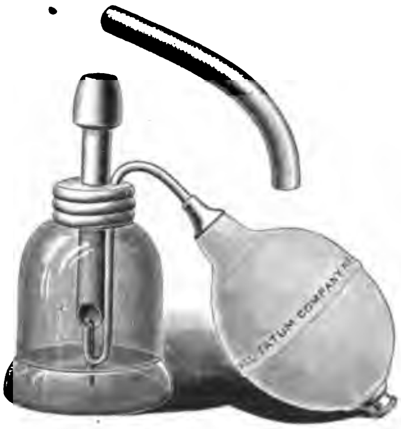
ATOMIZERS.

BY EMMET L. SMITH, M. D., CHICAGO, ILL.

Quite often a good medicine is condemned because it is not used in the right manner; or again, many of the standard preparations are not used in the way to get their full benefit; and furthermore, some physicians are careless in the strength of the nasal applications and in the exact way in which they are to be used.

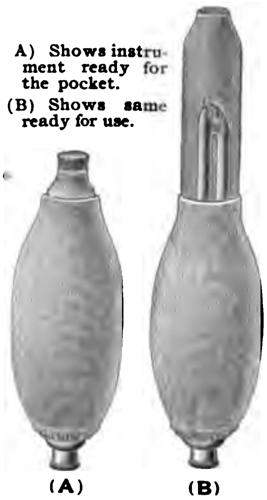
The object of this short communication is to show how well known preparations can be effectually applied to nasal membranes.

Many doctors do not stop to think that a 2 per cent. solution may be satisfactory for one atomizer and entirely too strong for another atomizer. Therefore, the strength of the solution must be regulated to suit the dosage administered by the atomizer. One often sees a formula of an oil preparation in some journal or book marked "nasal spray." Now it is quite important to know if the strength given is for (A) an old style atomizer which sprays directly in the anterior part of the nose, or (B) spraying point as arranged as in this atomizer, or (C), for a bottle in the Globe Multi-Nebulizer. As an illustration in these three instances, it might be that (A) would require 5 grains to the ounce, (B) would require 10 grains to the ounce and (C) 20 grains to the ounce.



Thus, a 2 per cent. solution of medicine may be used in an atomizer like herewith illustrated, while this same strength of medicine would be entirely too strong when applied with an old style atomizer, wherein, the spraying point is placed within the nose. This old style form has the disadvantage of throwing most of the oil in the anterior part of the nose; and, also, a very important feature to be avoided is that when the spraying point is placed within the nose, the force given the medicine is often injurious to the mucous membrane. These disadvantages are avoided in using the writer's atomizer as made by the Whitall Tatum Co. It also has the advantage of not spilling when inverted, if only filled to the top of the ridge on the bottle. This atomizer will be found very satisfactory in the application of oil solutions as Adrenalin Inhalent (P. D. & Co.), either full strength or diluted one-half.

Where expensive aqueous solutions of adrenalin or oil solutions of adrenalin or Suprarenalin Solution (Armour's) are to be used, the new glass atomizer No. 38 (W. T. CO.) will be found very satisfactory. The main points in using these solutions are that they must not come in contact with metal, and being rather expensive solutions for the patient, this atomizer is economical, as one can use as small amount as one drachm or less. This No. 38 is also very useful in using other expensive solutions or where the solutions should only come in contact with glass.


A) Shows instrument ready for the pocket.
(B) Shows same ready for use.
(A) (B)

I trust the points herein brought out may be of interest to some and that others can avail themselves of this method of application of these remedies in acute coryza, catarrh, hay fever and asthma.

Correspondence.

Wanted Articles on Microscopy.

Hartford, Conn., Dec. 14, 1904.
Editor Medical Century:

Dear Sir.—I have appreciated the numbers of the "Century" greatly the past year, and with the enclosure of my subscription for next year I should like to ask a question. In looking over some of the articles that are to be published in "The Medical Council," published in Philadelphia, the coming year, I saw a series of articles entitled "The Microscope in General Practice," by Thomas R. Little, M. D., the clipping of which I will enclose. Why could not we have a series of articles as practical as those will be? When I graduated we were not taught those things, and I am sure that I am not the only one in the same fix. Now it does seem to me that we must have some pathologists in our school that are capable of writing some articles along this subject. I think that some articles written on similar lines would greatly increase the value of the Journal to nearly all of us.

Yours truly,
Edgar C. Cowles, M. D.
15 Clinton Street, Hartford, Conn.

Surgery and Bryonia.

Rochester, N. Y., Feb. 20, 1905.
To the Editor of the Medical Century:

Since the appearance in last November's Medical

Century of Dr. Luther Peck's inquiry as to the "failure" of Bryonia to act in the case he described, there have appeared two letters in answer which raise many questions in regard to his statements, as well as his lack of statements concerning the case in question. Although many have been asked, there are to my mind still more.

Many physicians, we all know, are firm believers in the power of potentized medicines to cure their fellowmen of the ills and ailments of this life. Some, on the other hand, hold that no form of medicine, save that given in physiological dosage,. is equal to the task of curing the sick.

Among the former class we find a small number who seem to expect and believe that the Materia Medica has no place for the mechanical class of remedial agents, and that the power of potentized drugs is at all times and on all occasions capable and equal to the tasks of giving eyes to the blind, feet to the footless, ears to those that hear not, or by placing a small powder of the mm. dry on the tongue to restore, like magic, the dead and dying as did the Divine Physician 1900 years ago.

Is there not such a class of remedial agents as mechanical remedies. Is not surgery in this class?

Surgery was not born to vie with drug therapy for "first place." Surgery is a branch of medicine springing up to the help of mankind and filling a place that was previously vacant.

Between the two, surgery and drug therapeutics, there is a boundary clean cut, though movable, depending on the faltering and slow but sure advance of science.

"In appendicitis when pus has developed, when there have been two or more attacks, or, in other words, in chronic appendicitis, when a case, after the lapse of twelve hours, has either not improved or has failed, and the recti muscle 'splinted,' then surgery is indicated." Yes, indicated just as truly as Bryonia under the symptoms, worse from motion, better from lying on the affected parts, stitching or burning pains, nausea and faintness when rising, lips dry, parched, cracked, dryness of the mouth, tongue and throat with excessive thirst.

Perhaps to some minds the indications for surgery as laid down by the limitations above seem wrong, but they are the result of twenty-six years of experience by one of the best surgeons of our country.

Some of us, when enlightened by the four years of utero-gestation period of our Alma Mater, or perhaps in the aurora of our medical life, when the early rays of the sun of experience fall upon us, may forget that there is a period when medicinal agents of every description, though apparently well indicated, are of no avail, and cold steel, in skilled hands, is the only curative agent.

Indeed, the worst and most deadly form of appendicitis, i. e., perforative cases, may show only a slight thermal elevation, if any at all, or may even be subnormal in spite of the presence of large quantities of pus. Appendicitis abscesses may once in many hundreds of cases find an outlet by sloughing their way through intestinal coats or bladder or abdominal walls.

Again, the pain, health's sentinel, and one of the most unfailing warners of the approach of disease, may not always be localized over the affected area. It may even be over the epigastrium or left hypochondriac region; so waiting for twelve or twenty-four hours for pain to find Mc Burney's limitations means the loss of that many hours or valuable time, and the gradual and almost sure decline of the chances for ultimate recovery. So in such cases, when in doubt, do something and run the one per cent. chance of an exploratory incision instead of allowing the case to run and finally bumping up against the fact that an operation is necessary with but very few chances for the patient, and most all against.

So I raise a question to Dr. Peck's inquiry, and thus in true Yankee style answer his "A Failure; or Was Bryonia Indicated?"

Did our young friend, through lack of experience or omission of thorough surgical study in his college days, fail to use the probe of all branches of medicine to determine the real nature of the case before he raised the question as to the failure of this "well indicated remedy?"

Success in medicines means the ability to use one's grey matter for the best interests of mankind and self. By that, we see, we cannot casually glance at the superficialities of disease to determine its true significance and foundation, but we must, as conscientiously as we are capable, probe the dark symptoms of the case and make them reveal their obscure and true meanings.

To facilitate this it is the duty of every man and woman in the practice of medicine to daily keep in touch with the variations and almost daily fluctuations of the limitations between drugs and surgery and so be able to tell the difference between the failure of a drug to act and the failure of one living and practicing medicine in the twentieth century to use the methods of the times and not to blindly grope in the Egyptian darkness of the nineteenth or even eighteenth century of medical scientific research.

H. F. Schell.

Societies.

WAKE UP! FALL INTO LINE!

This year is the one hundred and fiftieth anniversary of the birth of Hahnemann. It should be celebrated by all who believe in Similia. This may properly be done in various ways, but how better than by formally enrolling ourselves and enlisting our neighbors as working members in the organizations that represent Homœopathy.

In the United States and Canada there are more than 13,000 homœopathic physicians. Only 4,500 are members of the various State societies and of the American Institute of Homœopathy, the largest and most representative body of homœopathic physicians in the world, only 2,000 are members. Our homœopathic colleges, from which reports could be obtained, have graduated in the last ten years 3,939 students. To this list a considerable number graduating from colleges not reporting and from allopathic schools, who practice Homœopathy, should be added. A fair estimate would be 4,500, equal to the entire membership of our State societies, and more than twice the number of the members of the Institute. Probably not more than a third of these are members of our State societies, and less than one-fourth are members of the Institute.

As a tribute to the memory of Hahnemann, we propose that the Institute membership shall be doubled at its next meeting in June. A heavy proposition? Not at all! There are 2,500 State society members, every one of whom should at once join the Institute. There are 8,500 who should be brought into State societies. Cutting out the undesirable there should be no difficulty in at once doubling the membership of the State societies. All that many want is a polite invitation to become applicants for membership. According to a new rule of the Institute, only members of their State societies, if there are such, are eligible for membership in the Institute. Being a member of the State society relieves applicants from paying membership dues to the Institute. This fact in a way restricts us to present members of the State societies for recruits for the Institute, but an earnest effort ought to largely increase the membership of the State societies at the spring meeting. It is proposed that these new members of the State societies apply at the same time for membership in the Institute, and that these State societies suspend, by unanimous consent, any interfering rules governing membership, or have another and special meeting called that any who could not be elected at the regular meeting may be made members before the Institute meets in June. If neither of these things can be done, file applications for membership in the State societies and at the same time in the Institute, membership in the latter being held subject to election to State society membership. Thus we may this year, at least, present names enough to double the Institute membership.

How can all this be done? By every one doing his duty. Let every member of the Institute pledge himself to secure one new member, and the work is done. After one is secured, get another, and another for some who, for one reason or another, may fail to each bring his man.

A few years ago a New England physician, voluntarily and without other authority from the Institute than that vested in his membership, undertook to secure new members. The next June he presented the names of more than thirty applicants for membership. Who, then, can not send in the names of one, of two, of five, of ten?

The Institute's Special Committee on New Members is: H. E. Spalding, M. D., Boston; J. W. Ward, M. D., San Francisco; Chas. E. Kalke, M. D., Chicago; J. H. Ball, M. D., Bay City, Mich.; W. E. Reily, M. D., Fulton, Mo.

In working for the Institute work at the same time for the State societies. Let everyone who is worthy come to the front and be mustered in.

H. E. Spalding, M. D., Chairman,
Committee on New Members.
519 Beacon St., Boston.

UNION MEDICAL SOCIETY.

The Union Medical Society met at the Business Men's Club, Piqua, O., on February 10th. This was an open meeting, and each member had invited a guest. The visitors who honored the Society by their presence were: Doctors J. H. Wilson, Bellefontain; W. B. Carpenter, Columbus; H. B. Faulder, Wapakoneta; R. A. Buchanan, Lima, and Roy Wolcott, Dayton.

After an elaborate supper, served at the club, Dr. J. H. Wilson, President of the Homœopathic Medical Society of Ohio, read an excellent essay comparing the polychrests, Aconite napellus, Belladonna and Gelsemium.

The discussions were quite free and informal. Fear, anxiety and restlessness were emphasized as characteristic symptoms of Aconite and as manifestations of a nervous state.

Dr. Carpenter recounted a chronic case, a lady of middle age, in whom fear and crying were leading symptoms. For years she suffered, seeking relief which she did not find. Aconite, high, gave prompt and complete relief. The majority of the members prescribed Aconite but rarely. Belladonna was prescribed frequently for congestions to the head with injected eyes, bright, red face and hot skin. A sense of heat when the skin was touched, even though no fever was present. Drowsiness was the keynote of Gelsemium. The parents would ask: "Doctor, did you give the child something to make him sleepy. He is so drowsy." Skin cold. Dr. Wilson called attention to the headache, sore eyeballs and muscles preceded by thirst and indigestion of Bryonia. The soreness is characteristic of this remedy.

Dr. Hetherington spoke of the difference between Nux vomica and Pulsatilla. In Nux the first symptoms noticed are of puerperal origin. In Pulsatilla of gastric origin.

It was a Materia Medica evening enjoyed by all and profitable to young and old alike. The next meeting will be held at the home of Dr. B. S. Hunt, Sidney.

A. W. R.

DAYTON OHIO HOMŒOPATHIC MEDICAL SOCIETY.

The regular meeting of the Dayton Homœopathic Medical Society was held on Monday evening, February 27th, at the Phillips House. The members of the Society were the guests of Dr. John T. Frawley.

The host read an essay on chronic prostatitis, in which he handled the subject in an exhaustive but concise manner. The reading of the paper was followed by an interesting discussion, in which the majority of the members present took an active part.

After partaking of an excellent luncheon, the Society considered the question: What can be done to increase the interest and membership in the State Society?

We believe that the State Society must do something to help the homœopathic profession in the State. We feel that the time has come when the Homœopaths must ask the State to place one of the numerous public institutions under homœopathic control.

The State of Ohio has recently purchased 640 acres of land at Lima, O., on which it will build a new hospital for the insane. A superintendent must be appointed for this hospital, and we desire that he should be a Homœopath. We believe that this is our opportunity, and we intend to make a strong effort to secure this long-coveted prize. The Society has appointed a committee of three, Dr. Frank Webster, Dr. H. W. Dickinson, and Dr. Geo. W. Miller, to see what can be done in the matter, and the secretary has been instructed to communicate with the Miami Valley Homœopathic Medical Society and the State Society, and to solicit their aid in the matter.

Chas. Zurmuhlen, M. D.,
Secretary.

Therapeutics.

THE REST TREATMENT.

BY A. J. GIVENS, M. D., STAMFORD, CONN.

What is known as the rest cure is a modern plan of treating states of chronic exhaustion or fatigue by a complete change of environment, by temporary separation from home and friends, by rest in bed, frequent feeding and relative isolation, together with the external use of water, the regular application of electricity and of passive exercise in the form of massage. Its use has been advocated and elaborated in this country by Dr. Wier Mitchell. Hence the name "Wier Mitchell Treatment." It is especially valuable in certain cases of neurasthenia or nervous exhaustion, in cases of obstinate neuralgia, of hysteria and hystero-epilepsy, in certain forms of idiopathic epilepsy, chorea, and in mania and melancholia. The retarded or incomplete convalescence following fevers and surgical operations is another indication for its use. The state of mental and physical depression following grief, shock, financial losses, or business disappointments is also one that is best treated by physiological methods. The six different agencies of this modern cure, isolation, rest in bed, forced feeding, massage, hydrotherapy and remedies to meet special symptoms, are measures adapted to quite a variety of abnormal conditions. Many of the foregoing diseases are of the functional type. They are not due to demonstrable lesions, but to disorders of cell nutrition or to disturbances of circulation. There are other abnormal states in which rest treatment, either complete or partial, has also a distinct and comparatively unrecognized sphere of usefulness. In many forms of functional disease of the uterus and its appendages the most surprising results follow this method of treating pain and weakness. In cases of floating kidney it may also be of service in securing the extra fat needed to keep the wandering organ in its place. The early stages of locomotor ataxia are benefited by rest treatment, for all strain is thus removed, and pain is diminished by the strict hours of perfect repose, by the use of electricity and of all the other aids to nutrition and good circulation.

If the modified plan is adopted, the patient is instructed to rise at ten or eleven o'clock in the morning, perhaps later, spend the time from two to four in the afternoon in bed, and retire for the night immediately after supper. When the other measures advocated are faithfully employed and persisted in for a sufficient length of time, this daily seclusion and repose will often serve to re-establish health. The modified plan commends itself to consideration whenever possible, for it allows the patient to direct the affairs of business life or to superintend those of the household. Separation from the family is limited only to the hours set apart for rest in bed, and for massage, bathing and electricity. Meals are taken with others, and reading, writing, walks and drives are not forbidden.

If the complete plan of forced rest in bed is decided upon as a curative measure, it must be made as absolute as possible. In some house or sanitarium selected for the purpose, away from home and old associations, the patient is put to bed in a quiet room. The bed itself consists of a mattress on wire springs, with warm, light covering and but few pillows. Even when changes of bed linen or the airing of pillows are necessary the upright position is not allowed When such attention is required, the patient is lifted on to a lounge or rolled over into another bed of the same height as his own for an hour every morning and an hour before bed time, and then lifted back again into the newly made bed. Complete inactivity is enjoined. Letters are not received for a time, nor is reading permitted. To eat, breathe and sleep, to lead a life devoid of voluntary effort as far as possible, is the main object in view. The first step toward cure has been taken when the patient bids farewell to home and friends. This difficult task accomplished, the increase of moral tone and fibre that the effort brings about will serve to render other apparently harsh measures less trying in actual fact than they are in contemplation.

Excellent results in certain forms of mental disease have followed the complete rest cure treatment. In a record and report of two hundred and seventy persons treated in this way at the Westboro Insane Hospital in Massachusetts several years ago, fifty-eight per cent. of the cases of mania made complete recoveries in a comparatively short time; and of the cases of melancholia, forty-three per cent. were discharged recovered. Twenty years ago almost every alienist looked upon work as the chief means of curing persons suffering from insanity. This prescription often took the form of sawing or chopping wood, an exercise that served a good turn where it was indicated, for it aided in restoring circulation and increasing metabolism in well selected cases. But such advice did much harm in others, often retarding recovery and sometimes rendering it altogether impossible. Exhausted patients need perfect repose as a means of cure rather than to be sent outdoors to chop wood or to engage in any form of violent exercise. A practical method of treatment is to put the patient to bed and keep him there during the early acute stages of his disease, carrying out all the essentials of the rest cure. Forced feeding, massage and bathing soon bring about excellent results. The total absence of all responsibility, even that of sitting up or walking about, is also a relief to persons who are contused, apathetic or excited. Freedom from the restrictions of even the best fitting garments is a relief in all forms of weakness. And freedom from the effort of taking care of himself, as the patient is unconsciously forced to do in a certain sense when dressed and sharing the life of other persons, is a distinct gain. When in bed the patient is protected from exposure, from irritation and injury. Physicial and mental recuperation is hastened by this increase of ease and comfort.

The time needed for the full benefits of a complete rest cure varies from eight to twelve weeks, and in some instances the period is longer. The progress toward returning health is guaged by the increase in weight, by improvement of the impoverished blood, and the gradual disappearance of fatigue symptoms. The patient is weighed before beginning treatment, then again at frequent intervals. In ten or twelve weeks there may be a gain of twenty or twenty-five pounds, perhaps more. At first there may be a distinct loss in weight. As the tissues gain in tone and bulk, the condition of the blood undergoes a corresponding improvement. "Blood thins with the decrease of tissue and enriches as they enrich."

Diet plays an important part in treatment, whether the rest plan is partial or complete. Of food that is easily digested, small quantities are given to the patient at stated intervals, the diet consisting largely but not exclusively of milk and various milk preparations. Milk will accomplish more in the manufacture of fat and blood, and consequently of strength, than any other article of food. Occasionally milk only is allowed. An exhausted patient suffering from nervous or mental disease, from anæmia or general debility, may properly be fed every three hours, from six in the morning till nine at night, six times a day. If the patient is sleepless during the night, food may be administered every three hours throughout the entire day and night. This means two extra feedings besides the six already given, one at midnight and the other at three o'clock in the morning. The milk consumed each day is gradually increased in quantity, until eight, twelve, sixteen or more ounces are taken six times a day; or, in other words, one, two or more glasses of milk with the three regular "meals" and between meals and at bedtime. To their great surprise, many patients while resting in bed can often take from two to three quarts of milk in addition to a sufficient amount of regular food, digesting it well, and suffering no discomfort from this apparent over-feeding. Malted milk as a substitute for plain milk affords occasionally a pleasant variety, and buttermilk, whey, koumiss, cocoa or chocolate are all useful. Coffee, tea and other stimulants are seldom permissible. In the forms of exhaustion that make rest cure necessary, the excretion of waste products must be stimulated. This is done by the free use of liquids, by milk itself, by skimmed milk, and especially by pure water. A glass of water on waking in the morning, usually taken hot, another at eleven o'clock, a third at four in the afternoon, and one at night just before going to sleep, furnish aid to all the processes of nutrition. Persons requiring the rest cure are those who are in special need of the variety of food that is found in a mixed diet, and they should advance toward it as rapidly as the circumstances of each individual case will permit. A mixed diet alone is capable of supplying in the best possible form all the different kinds of nourishment demanded by the various tissues capable of furnishing the albumen, fats, sugars, starches, vegetable acids and mineral salts that the system requires in proper quantity and proportion. Various articles of light diet are added by degrees to the milk, such as a small quantity of rice, a piece of bread and butter, zweiback or some cereal like oatmeal, prepared wheat, hominy, farina and food of that order. With the grain foods or cereals an abundance of good butter may be given. Butter and cheese are simply the concentrated products of milk, to be reckoned among the best articles of food. If the patient is very hungry for solid food, even when on an exclusive milk diet, a slice of stale bread with butter may be given once daily, and more frequently a little later on. Raw eggs or eggs slightly cooked, soft boiled or quickly poached go well with milk. The yolk of egg is a valuable source of phosphorus, lime and iron. As only a part of the entire egg when taken raw is digested in the stomach, raw egg becomes a most useful form of nourishment when the function of this organ is disturbed. Following the soft boiled egg or a part of an egg for dinner or breakfast, a Salisbury steak or meat-ball made from defibrinated beef is taken at the noonday meal, and a cereal or stewed fruit at supper. Next chicken, fish, oysters are added to the list, with an occasional chop or beefsteak. Of vegetables the succulent varieties are first used, as spinach, squash and celery, and finally peas, string beans, tomatoes, onions, etc., until a full diet is given each day. At this time diet for building up the tissues and giving greater energy to the body should be as substantial as it is possible to make it. Breakfast should consist of fruit, cracked wheat or other cereal, one or two soft boiled eggs, a fair-sized steak or several chops, bread and butter and milk. For dinner a good slice of roast beef is required, with boiled rice, several other vegetables, and a light "made" dessert or fruit. Supper must remain a light meal, consisting of bread and butter and fruits, and some simple pudding and milk, or of cereals like oats, wheat or rice, served in an attractive form that can be varied every few days. Soups, beef tea and broths have but little if any nutritive value, and are not needed in rest cure treatment except as occasional appetizers and food accessories. Potatoes should also be excluded, as well as refined wheat bread, except in small quantities and at intervals as a relish. Graham or rye bread is the kind for constant use. Cabbage, cauliflower and all tough-fibred vegetables are undesirable, and so is pastry and all fried foods. Alcohol may or may not be of service. When it aids in the digestion of food it is administered in small quantities as occasion requires, usually in the form of some malt preparation.

Massage is the chief agent employed to obtain artificial or passive exercise of the muscles, the joints and the various tissues or fabrics of which the body is built up. Rest itself is not without definite dangers. Muscles not used waste away, a joint that is never moved stiffens, and other tissues no doubt undergo degenerative changes when given little work to do. Massage prevents the evil effects of enforced idleness upon the muscles themselves, by increasing the flow of blood through them, as well as by improving the general circulation. The digestion is also improved greatly, and massage aids in bringing about better nutrition by means of greater absorption of food products and by increased elimination of waste material. Beginning with half an hour's daily manipulation the first week, the time is gradually increased until one hour of massage is given at the end of the second week. The hour chosen is midway between two meals. The manner in which artificial or passive exercise is given by this means has been well described as follows: "The manipulator starts at the feet and gently but firmly seizes the skin, rolling it lightly between his fingers and going carefully over the whole foot; then the toes are bent and moved about in every direction, and next, with the thumbs and fingers, the little muscles of the foot are kneaded more largely, and the interosseous groups worked at with the finger-tips between the bones. At last the whole tissuess of the foot are seized with both hands and somewhat firmly rolled about. Next the ankles are dealt with in like fashion, all the crevices between the articulating bones being sought out and kneaded, while the joint is put in every possible position. The leg is next treated, first as to the skin, then by deeper grasping of the areolar tissue, and last by industrious and more profound pinching of the large muscular masses, which for this purpose are put in a position of the utmost relaxation. The grasp of the muscles should be firm, and for the large muscle of the calf and thigh both hands should act together, the masses of muscle being, as it were, twisted around the bone while the hands alternately contract upon them. In treating the firm muscles in front of the leg, the fingers or two thumbs are made to roll the muscle under the cushions of the finger-tips. At brief intervals the manipulator seizes the limb in both hands and lightly runs the grasp upwards, so as to favor the flow of venous blood currents, and then returns to the kneading of the muscles. The same process is carried on in every part of the body, and especial care is given to the muscles of the loins and spine, while usually the face is not touched. The abdomen is first treated by pinching the skin, then by deeply grasping and rolling the muscular walls in the hands, and at last the entire region is kneaded with the heel of the hand in a succession of rapid, deep movements passing around in the direction of the colon, while somewhat later the whole abdomen, relaxed by position, may be shaken by a rapid motion of the grasping hands." At the fifth or seventh week massage is used on alternate days and is laid aside when the patient gets up and begins to move about. Then follow calisthenics as a means of special exercise, together with systematized Swedish movements, and very simple exercise with dumb-bells.

Bathing for the patient in bed is as important as exercise in the form of massage. At first the ordinary warm sponge bath given between blankets is all that is required or allowed. Then come packs as they are needed, of the nature and duration required in each individual case. With increasing strength other applications of water have a distinct and curative action. The full bath, the needle bath, the shower bath and the modified Charcot douche are all valuable curative agents when applied to special cases and utilized with discrimination whenever indictated. Inducing increased glandular action by their tonic effect on the general circulation of the skin, the power of assimilation is naturally increased, and the nutritive elements of food are then more rapidly absorbed. The bath is also a means of artificial exercise and helps to keep the muscles in good condition in spite of their enforced idleness, supplementing massage. In all forms of bathing great discrimination must be exercised or more harm than good will result. When a patient is weak it is unwise to deplete the strength still further by the use of water. The use of water externally for persons who are beyond middle life requires the most careful supervision, and there are many cases of all ages for whom cold or vigorous bathing is never prudent and is sometimes dangerous.

Electricity is also an aid in rest treatment, not as valuable as the bath, but surprisingly useful in well selected cases. Like massage and hydrotherapy, it stimulates nutrition and helps to overcome the injurious effects of prolonged inactivity. It is rarely needed in the early stage of treatment. When it causes excitement or irritation it is best not used at all, for it may retard the increase in weight by depressing the patient. It is only during the middle or toward the close of the rest cure that the use of electricity is begun. The slow interrupted faradic current gives to each group of muscles exercise in the form of separate contractions, the whole electric treatment lasting from twenty to forty minutes. First, the applications are made to the flexors and extensors of the forearms and legs; later, to the thighs, arms and trunk. Each group of muscles is exercised separately. Electricity is given about three times a week to aid in preparing the patient for sitting up and walking about the room. As there is sometimes a rise in temperature after using electricity it is reasonable to suppose that this agent brings about tissue changes that are of distinct benefit. General tonic electric treatment consists in the use of an induced current from fifteen to thirty minutes every day. One pole may be placed at the back of the neck, and the other at the feet. In rare cases faradism has to be abandoned on account of the insomnia and nervousness that it brings about. When rest cure ceases to be absolute and reaches the stage when the patient is up for a time each day, static electricity may hasten improvement and be a very helpful measure.

When the general condition, and bodily weight show that the time has come to terminate rest in bed, the patient starts gradually upon a return to the life of an ordinary well-regulated existence, sitting up at first five, ten, fifteen minutes every day. The use of a hammock indoors is now a very agreeable change from the bed. Special exercises are practiced by the patient as directed, and passive movements of the arms and legs are increased in vigor. The time for sitting up is gradually increased, until at the end of ten days or two weeks the patient is up from four to six hours, and begins to walk about the room. Active exercise of various kinds now takes the place of the passive movements. A short walk in the open air follows with regular drives. Finally, the patient rises at ten or eleven o'clock in the morning, lies down from two until four in the afternoon, and goes to bed directly after supper. The patient is thus promoted from complete rest cure to the modified plan of bed treatment. Relations with the family and which friends are now renewed. The patient returns home, spends ten hours daily in bed at first, uses a certain quantity of milk in addition to the regular diet, keeps up prescribed physical exercise, continues the external and internal use of water. A new set of ideas are carried into the home after rest treatment, such as the knowledge that a liberal diet, generous hours for sleep, regular bathing and exercise in the open air are all essential to mental and physical well-being, and that overwork or overstrain in any form must be avoided if health is to be maintained. At the same time it is remembered that moderate work is the best safeguard against mental or physical ill health. If it is not ready-made and close at hand, along the line of regular duty and employment, it must be sought for and undertaken with a joyful spirit, as the only means of keeping mind and body in a state of active well-being and repair. The benefits of the rest cure may be entirely lost if it be not followed afterward by systematic exercise adapted to the patient's needs. Walking, golfing, swimming, boxing, fencing, the use of the bicycle, horseback riding, rowing, tennis, old-fashioned croquet, are exercises of equal value to both sexes, when undertaken in moderation and with full knowledge of personal strength and individual limitations.

The rest treatment is a reconstructive process applicable to widely divergent morbid states that present special symptoms of an almost infinite variety. Whatever the exciting cause, the resulting condition is one of defective nutrition and metabolism. In each individual case therapeutic aids other than the combination of physiological measures constituting this method of medical care are all distinctly helpful at times and often of the utmost value. While rest treatment in itself is curative, the scientific application of the indicated remedy is an important factor in promoting a speedy return to health. [Read before the New York Homœopathic Medical Society at Albany, N. Y., February 15, 1905.]

A Gruesome Use For Chloroform.

Most strange a man of age mature,
Who studied ills that we endure,
Whose star of greatness glittered dim
'Till time grew locks of gray for him;
Should say each man of sixty years,
Who buoyant is, and well appears,
And yet would toil for wage or lore,
Is fit to serve the world no more.
Then further add the vicious view
(Condemned by millions not a few)
That all the veterans, weak or strong,
Equipped with gifts to labor long,
Have not the needed brawn or brain
To work and bear its weight and strain.
Good Dr. Osler's startling views
Make a revolting bit of news,
And most outrageous is his plan
To rid the world of each old man
(Who totters on impaired of form)
By killing him with chloroform.
Toil on ye veterans, work and think
Of life's refreshing waters drink.
Show yet your genius and your will,
With tact and prudence stations fill;
If trusted, serve the world and race,
Let tyros wait who want a place.
The thoughtless doctor nears three score,
And yet he covets glories more;
Hopes soon at Oxford to begin
As regius to honors win.
A veteran now, he makes his rounds,
With ears alert for morbid sounds,
And does it near that fatal age
When he bids toilers leave the stage.
His views humanity will spurn,
While old men work support to earn,
And he in torture tries to show,
How misquotations spread and grow.
Perhaps a dream, the able author had,
A nightmare, in sleeping garments clad;
If so, in telling it is where he erred,
As countless critics it has stirred.

C. S. Eldridge, M. D.

Chicago, Ill., March, 1905.

Typhoid Fever in Winnipeg.

More than 250 cases of typhoid fever have developed in Winnipeg in the last seven weeks, and the percentage of deaths has been alarmingly high The health officers and city physicians are unable to learn the cause of the epidemic. The drinking water of the city is taken from an artesian well, and has been pronounced by experts to be pure. It is said that the mayor of the city has requested the Health Board of New York to send a sanitary expert to determine the source of the infection.

The Library.

BOOK REVIEWS.

International Clinics, Fourteenth Series, Vol. IV.

Some excellent articles are to be found in this volume, notably one on the Excessive Use of Drugs in the Treatment of Chronic Diseases, and The Value of Radium in the Treatment of Malignant Skin Affections.

The volume is a continuation in excellence of its predecessors.

Medical Examination for Life Insurance.

By Charles Lyman Green, M. D., University of Minnesota. Second edition, revised and enlarged. 99 illustrations. Philadelphia, 1905. P. Blakiston's Son & Co.

A second edition of this excellent work which has been out of print for more than two years is before us. Many medical schools have introduced into their curricula courses on the medical aspects of life insurance, and this work is a most excellent textbook for such courses. Not only that, it is a practical volume for those of us who have life insurance examinations to make. A medical insurance examiner has many problems confronting him that are not found in the ordinary works on diagnosis, and then, too, it becomes almost absolutely necessary for him to know something about life insurance itself. We were consulted ourself, not long ago, by an attorney for a life insurance company to furnish him data on which to base a defense of fraud by one of the company's clients. The work in question discusses such questions in all fullness and fairness, and is certainly a valuable work for any physician to possess who does life insurance examining or is likely to do it in the future.

Treatise on Urological and Venereal Diseases.

By Bukk G. Carleton, M. D., Professor of Urinary Surgery in the New York Homœopathic College and Hospital, Consulting Genito-urinary Surgeon to the Hahnemann Hospital, and Visiting Genito-urinary Surgeon to the Metropolitan and Flower Hospitals, New York City. 171 illustrations, 795 pages. 8vo. Cloth, $5.00; half-morocco, $6.00. Philadelphia: Boericke & Tafel, 1905.

Of all the works that Dr. Carleton has given us this is the largest and most complete. As its title suggests, it is a complete treatise on diseases of urological and venereal origin. Surgical technique and diseases requiring surgical interference are well presented. Dr. Carleton has had a large experience in the study of these affections, and, hence, his conclusions as to the treatment are most valuable, and we rejoice to note that he has not only faith in homœopathic medicine, but that he has given the same in its full form in all diseases, and has told of his experience with the various remedies. It is this that distinguishes the volume, for it goes without saying that the author would not present a work that was not up-to-date in its pathology, clinical history, diagnosis and prognosis.

The articles on syphilis of the brain were prepared by Dr. John E. Wilson. The book is well illustrated, and stands as our best and latest authority on the subject.

Weather Influences,

By Edwin Grant Dexter, Ph. D., Professor of Education University of Illinois, with introduction by Cleveland Abbe, LL. D. New York: The Macmillan Company, 1904.

This is a work which any homœopathic physician may read with profit. We, as a school, have always paid more attention to what we term modalities affecting the sick we take into consideration the causal manifestations of disease both of the body and mind, and from our studies of drug effects we know that these often furnish us with precious indications. Many of our remedies, we know, have weather modalities, such as the aggravations of Rhus by damp weather, the sensitiveness to cold of Hepar, etc., and clinical experience has abundantly verified that these are trustworthy. Professor Dexter has shown in this work the influence of heat, cold, humidity, barometric pressure, winds, rains and droughts on health and disease, and arrives at conclusions that will appeal to us as a school. Such as "varying meterological conditions affect directly, though in different ways, the metabolism of life," and "the quality of the emotional state is plainly influenced by the weather states."

An interesting part is devoted to the superstitions of the people regarding the effects of weather, and their origin and value is discussed. The effect of weather on crime, drunkenness, deportment and application in school children, suicide, etc., receives attention. It is a book worth having.

Studies in General Physiology.

By Jacques Loeb, Professor in the University of California. In two parts. Chicago. University of Chicago Press.

This consists of the papers by Professor Loeb on general physiology, and forms one of the series known as the Decennial publications of the University of Chicago, or, rather, two, for the work in question consists of two parts of some 400 pages each. The subjects of the papers are diverse, and the whole work represents Prof. Loeb's views and investigations in the biological and psychological field. The study of ions will give it a special value to homœopathic physicians, for no work outside of our own school comes nearer dealing with infinitesimal than this one. In fact, the whole work represents the latest and best thought on the subject, and Prof. Loeb is too well known for us to say anything further. The volumes are handy and will doubtless have a large sale in the scientific world, and our school as the scientific school of medicine should be large buyers of it.

For Sale.

An established eye, ear, nose and throat practice in Milwaukee, Wis., for sale. Good reason for selling. Equipment modern. A bargain if taken before May 1st.

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Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

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APRIL 1, 1905.

Editorial.

OUR PICTURES OF HAHNEMANN.

We present to our readers with this issue, as an appropriate memento of the 150th jubilee celebration of the birth of the founder of our system, a few representations of the master as they have appeared in bronze, stone and on canvas. Out of a collection of nearly 200 representations collected from all over the world we have selected those which have honored him the most, and which, at the same time, show him in different periods of life and under different artistic conceptions. Our collection was inspired by that of Dr. T. L. Bradford, of Philadelphia, which is probably the most complete and original in existence.

The statue of Hahnemann at Washington has been too often described in our columns for further comment. It stands in our national capital in a beautiful square, is well cared for by the authorities, and the Institute has provided a fund to keep it in order.

The statue at Leipzig was made by Carl Steinhauser, of Rome, and done into bronze by E. Braun, also of Rome. It stands in the Hahnemann-Platz in Leipzig, where it was unveiled at the celebration of his fiftieth jubilee, August 10, 1851. Coethen, Meissen and Leipzig contended for this statue, but it seemed appropriate to give it to Leipzig, as it was here that he discovered Homœopathy, and here that the first homœopathic institution was founded. The statue is about six feet high.

The monument in Dessau is in the castle of the late Duke Leopold, of Anhalt-Dessau. The sculptor was Wolltreck, of Paris. In this statue Hahnemann is dressed in a toga. "He seems ready to rise from his exedra and to step down, just as one who has finished his work would say: 'My work is done; now, follow me.'" Our photograph is a very excellent one of that statue.

The Coethen statue is one owned by a Herr Wittig of that city. He bought it at an auction sale of one of Hahnemann's daughters. It is in bronze and is perhaps the same one formerly owned by the Duke of Anhalt. He is represented standing with a cloak thrown over his shoulders and gathered up under the left arm. In his left hand he holds a book.

The monument at Hahnemann's burial place in the Pere Lachaise in Paris is from the design of Lardot, and is an imposing monument in granite with the bust in bronze on a superbly carved pedestal. It was from an international subscription that funds were raised therefor, and it was dedicated on July 21, 1900. It marks the final resting place of the founder of Homœopathy, his remains having been transferred from the Cimetiere Montmartre. It is in one of the principal allees of the Pere Lachaise.

David D'Angiers made several busts and medallions of Hahnemann; he was a homœopathic patron and friend of Hahnemann with whom he became acquainted through his Parisian wife. One of the largest and best is now owned by the Hahnemann College of Philadelphia, and it is the one we reproduce. It is the one made in honor of his 83d birthday. As David knew Hahnemann in his old age, it is probable that his busts and medallions, which bear a striking similarity to one another, portrayed him as he looked in his last days in Paris. The David bust in Hahnemann College forms the cut for the seal of the American Institute of Homœopathy. It was originally presented by Madam Hahnemann to the Institute.

The other bust is one taken from the Populare Zeitschrift fur Homœopathie, and was made by the sculptor Professor Ritter von Knoll, of Munich It was of bronze, and reproductions were sold by Schwabe's pharmacy in Leipzig.

In Meissen still stands the house in which Hahnemann was born. Over the door is an inscription as follows: "Chr. Fr. Samuel Hahnemann, the Founder of Homœopathy, was born here April 11, 1755." In a niche in the wall beside the tablet stands a bust of Hahnemann. The building now contains the "Restaurant Hahnemann." The editor possesses several interesting "Speisekarten," or bills of fare, of this restaurant.

Another picture here reproduced is of the old town of Meissen as it appeared during Hahnemann's lifetime; it shows at the left on the heights the "Fuerstenschule," in which Hahnemann received a part of his early education. In the distance on the left bank of the Elbe is shown a part of the ancient Albrechtsburg or castle, in a part of which was the porcelain factory in which was employed Hahnemann's father. Here he pursued his calling as a porcelain painter. The spire of the village church in which Hahnemann worshipped and the river along whose banks he played as a boy are also shown in the picture.

The Junge portrait was the earliest of which we have any record. It was used as the frontispiece of the second and third editions of the Organon, and has been frequently reproduced since then on various pamphlets, particularly in Arndt's Hahnemannian Oration. It bears the date of 1819. Hahnemann was then 64 years old. It was not considered a very good likeness by his disciples.

The von Schoppe portrait was painted in 1829. Hahnemann sat for the painter at the request of his associates, who wished to have a suitable picture of him for the occasion of the fiftieth jubilee celebration of his doctorate. This picture is one of the celebrated ones of the master; it was used as the frontispiece to Lutze's edition of the Organon, and many lithographs have been made from it.

The Dittmar portrait of Hahnemann appeared in the Populare Zeitschrift fur Homœpathie with the following note:

"In the present issue we reproduce a portrait of the founder of Homœopathy from a drawing by an unknown artist in 1829, who signed himself only with the initials of his name, 'St.' The picture was lithographed by Fr. Dittmar and printed by Tullmann, in Dresden. It bears the inscription, Samuel Hahnemann, born April 10, 1755, and his fac simile, 'Sam. Hahnemann.' The realistic expression which the painter has given the portrait is somewhat surprising. Hahnemann must have looked like this in his seventy-fifth year, and not as he does in the very flattering pictures of Schoppe and others of the year 1829, when, as is known, he celebrated his fiftieth year doctor's jubilee. We did not know of this picture and became possessed of it only recently."

The Leaf portrait was painted by Mr. G. Henry for Mr. William Leaf, of London; a large engraving was made from it in 1849 by Mr. R. Woodman. Dr. Dudgeon sent to Boericke & Tafel a platinum print of it, and it was used as a frontispiece to the Defense of the Organon. Our reproduction is from that work. It is quite different from the other portraits, and is perhaps a good likeness of Hahnemann in his later years.

On Plate II. the centre picture is from an oil painting formerly owned by a personal friend and patient of Hahnemann's, a former consul general of the United States to Russia. It descended in his family to his granddaughter, who now lives in Buffalo. It first appeared in the Buffalo Illustrated Express and then in the Medical Century in 1895.

The Examiner picture was probably taken from the von Schoppe picture. It forms the frontispiece to the Homœopathic Examiner in 1841, one of the most important of our early periodicals.

The one designated the Bradford picture, forms the frontispiece of Bradford's Life of Hahnemann. It is a painting made for Enoch Pratt, and now hangs in the Hahnemann Medical College of Philadelphia.

The Boericke & Tafel bust is the one commonly seen in offices and pharmacies; it is well executed and true to life.

The David medallion here represented is from a cut in the Populare Zeitschrift fur Homœopathie of a recent date. It is a fac simile of the one presented to the Hahnemann College of Philadelphia by Hon. E. M. Davis, who received it from Henry Villars, of Lyons, France, in 1850.

The profile view is from a cut made by the monument committee from the picture in the Italian edition of the Organon. Dr. Leon Brasol, of St. Petersburg, also sent us a cut made in Russia, of which this is a copy. There have been many reproductions of this view of Hahnemann; it seems to have been exceedingly popular.

The Hahnemann Advocate had the full face view on its title-page for some time. It also forms the frontispiece to Dr. J. W. Ward's, "Why I Am a Homœopathic Physician."

The New York State Transactions' picture appeared first in volume VIII., 1870. It has been reproduced many times, more recently on the New York State Society banquet program in 1902.

The Hahnemann Publishing Society, of London, have a bust, a cut from which formed the front page of the Pathogenetic Cyclopædia published in London in 1850. It has since appeared on other publications of this house.

Melanie's portrait of Hahnemann, painted for Carroll Dunham, was copied by Huntingdon. It has been difficult to get a clear cut of this painting.

The "Trade Bust" is evidently a caricature without any special history, being probably faked for the purpose. It was given away with medicines as a premium.

To celebrate the 100th jubilee of Homœopathy the Marggraf homœopathic pharmacy, of Leipsig, presented a new picture of Hahnemann from the painting of Carlo Nieper. It makes a very striking portrait full "of the light of genius."

The Doctor Gray bust was one sent by Hahnemann to Dr. Gray about the time of his notification of election to the New York County Medical Society. It formed the frontispiece to the New York Journal of Homœopathy in 1873, and was probably a reproduction of the bust made by Dietrich in 1829 at the time Hahnemann was sitting for the von Schoppe portrait. Hahnemann, in a letter, seems to have liked this bust. Dr. Gray received the original in 1833.

EDITORIAL BREVITIES.

The Institute for Drug Proving.

The trustees of the Institute of Drug Proving chosen at the last meeting of the American Institute have not been idle since that meeting. A considerable amount of money has been added to the fund, and work has been done along the lines of formulating rules for government, provings, etc. It is expected that the report to the Institute at the next meeting will be one showing great progress.

There are many societies all over the country that have their annual meetings in April and May. We would urge upon these societies to make contributions for the Institute. Each and every society in the land should give any surplus funds they may have to this work. There is no reason why a considerable sum may not be raised in the various State societies at their spring meetings.

Many local societies have sent in their contribution, as the Rock River Institute of Illinois, the Saginaw Valley Society of Michigan and others, but there are many yet that are to be heard from. It should be borne in mind that every dollar contributed makes it easier for the trustees to get more. It is a good work and deserves the support of the profession.

The Propagandism of Homœopathy.

We learn from the Chairman of the Bureau of Homœopathy in the coming meeting of the American Institute at Chicago in June, that the subject chosen for discussion is the propagandism of Homœopathy. It is to be divided as follows and papers presented on each; 1) General Propagandistic Work. 2) In the Literary World. 3) In Universities. 4) In Public Institutions. 5) In Corporations, Railroads, Insurance Companies, etc. 6) In the National Government. 7) In the Old World. 8) In the Scientific World. 9) In the Attraction of Patients. 10) In the Attraction of Students.

This will make a most excellent program. The chairman has selected those he believes to be the best men possible for each topic, and certainly there is need for just this discussion and more particularly for the active work that should follow it. No greater service can be done Homœopathy, and each individual of the profession, than an active, energetic determined campaign to make its advantages known everywhere.

New Members for the Institute.

The Committee on New Members for the American Institute of Homœopathy is composed of five of the most hustling and energetic members of the homœopathic school. We do not know whether the out-going or in-coming president, or both, appointed them, but the choice is certainly an admirable one. Under the caption of societies we publish their preliminary circular. We trust that every reader of the Medical Century will carefully peruse this circular and give the same his special attention. There is a great field for good work, as we have already endeavored to show in a previous issue of this periodical, and the results should certainly be at least what the committee expects. We believe that if every member and every journal of the school will go to work in earnest we can bring our membership up to 5000. Let us do it, and have a two-ring circus exhibition of Brothers Peck and Cowperthwaite's elocutionary abilities every day of the meeting.

Locations for Homœopaths.

The Clinique lifts a voice about the demand for homœopathic physicians everywhere in the land. That it is a crying demand there cannot be the slightest doubt. Scarcely a week passes without our receiving from some of our subscribers requests to send them homœopathic physicians to settle in their locality to relieve them of overwork. We know a physician who lives in a town of 1,500 people, who not only does all the business of the town but is obliged to drive daily to a neighboring town seventeen miles away in answer to the calls of homœopathic families living there, and this is also a town of some 1,500 inhabitants, and it has three allopathic doctors they do not want. This is only one of many. There is room today, and locations are waiting for at least 500 homœopathic physicians.

Here is Another.

Dr. George F. Butler, of Chicago, Professor, etc., in a recent number of the Alkaloidal Clinic, goes out of his way to show that Van Storck experimented with Aconite and Pulsatilla, that he proved remedies on healthy men and women, and that much of this "Hahnemann quietly took from Storck without unduly straining himself to acknowledge its source."

We hope that all the learned doctor professor has written is more truthful and exact than the foregoing. Truly, he hath not "unduly strained himself" to read Hahnemann's writings. If he had, he would have found not only full credit given to von Storck but an answer to just such accusations as are presented in the Doctor's assault on the man of straw he tried so hard to make stand. Hahnemann saw Dr. Butler's kind one hundred years ago, and left an answer in his writings that will last one hundred years longer.

Editor's Table.

GENERAL NOTES.

The Michigan Homœopathic Society meets in Jackson in May. A surgical clinic is to be a feature. Dr. J. H. Ball, of Bay City, is making special efforts to have a successful meeting. Dr. Dean T. Smith, of Ann Arbor, is president.

Dr. Walter H. Sawyer, of Hillsdale, Michigan, a nephew of the late A. I. Sawyer, of Monroe, received the nomination for regent of the University of Michigan, at the late State Republican Convention. He was at one time house surgeon in the homœopathic hospital in Ann Arbor.

Dr. M. C. Sinclair, of Grand Rapids, has been elected a member of the Michigan State Board of Health to succeed Dr. D. A. MacLachlan, of Detroit.

According to Dr. Andrew MacFarland, in the Albany Medical Annals, 90 to 95 per cent. of acute cases of appendicitis recovered without operation, and relapses occur in not more than one-fourth of the cases. The best surgical treatment shows a mortality of five per cent.

Dr. Sidney Worth has been appointed a member of the San Francisco Board of Health.

The dates are such that one can attend the American Institute of Homœopathy, then the Oregon State Homœopathic Society, then the Lewis and Clark Exposition in Portland, and the annual convention of the American Medical Association, also in Portland, on July 11th.

Dr. A. J. Givens, of Stamford, Conn., has sent us a pamphlet entitled acute mania with a review of one hundred and eight recoveries, for which he will please accept our thanks.

Dr. Charles A. Grove, of East Orange, N. J., has been reappointed member of the New Jersey State Board of Medical Examiners.

The Eta and Lambda chapters of the Phi Alpha Gamma fraternities have united, forming the Eta-Lambda chapter, a union made necessary by the union of the two Chicago colleges. This will be a fine chapter of that fraternity.

Dr. J. H. Cowell, of Saginaw, is a candidate for reappointment on the Michigan State Board of Medical Examiners. Dr. Cowell's work in the past has been most thorough and satisfactory, and we are sure that not only the profession of Michigan will endorse his nomination, but the entire profession of the United States. There are few, if any, Michigan men who are known throughout the school better than Dr. J. H. Cowell. We wish the Doctor all success.

The Hahnemann Clinical Club of Trenton, N. J., is in a flourishing conditon. Dr. Howard Wins is President and Dr. D. P. Brown Secretary and Treasurer.

The new St. Luke's Homoeopathinc Hospital in Philadelphia was opened on January 23d.

Dr. Edmund A. Balyeat has removed his office to the Brown Block, Kalamazoo.

The Dayton Homoeopathic Medical Society has appointed a committee to take in hand the securing of the new insane asylum to be built at Lima for our School of Medicine. There is no State in the Union so strong in good homoeopathic societies as Ohio. It is now in order for every society in the State to appoint a similar committee. There is the Northwestern, the Northeastern, the Southeastern, the Miami Valley, the Union, besides the State and City societies. United effort all over the State will land this asylum, which is to be a fine one. A campaign of education showing the legislators that by the right of the better showing in our school in the treatment of the insane and by the right of equal fairness we are entitled to this institution. Then we'll get it.

According to a French medical journal pork makes one pessimistic, beef strong energetic and audacious, mutton makes one melancholy, veal causes loss of energy and gaiety, eggs and milk make one healthy and vivacious, butter makes one phlegmatic and lazy, apples are excellent for brain workers, potatoes cause dullness and inactivity, and mustard is a preservative of the memory.

Dr. Osler has made a tremendous strike for fame at the age of 56. Had he died before 40 he would have been forgotten, except, perhaps, in a small circle of his own profession. He has achieved international notoriety sixteen years after the comparatively useless period has passed and within four years of the chloroform period. He is a valuable evidence of his theoretical absurdity.

A fire in the Macheca building in New Orleans burned out the offices of Drs. J. T. Crebbin, E. Harper and Voorhies, on February 18th.

The officers elected at the recent meeting of the Homœopathic Medical Society of the State of New York were the following: President, De Witt G. Wilcox: First Vice-President, Wm. Tod Helmuth; Second Vice-President, B. W. Sherwood; Third Vice-President, Geo. R. Critchlow; Secretary, H. Worthington Paige; Treasurer, Chas. T. Haines; Necrologist, John Hutchinson; Counsel, F. E. Wadams, Esq.; Censors, H. D. Schenk, G. W. Roberts, T. D. Buchanan, A. B. Van Loon, Geo. E. Gorham, Louis Faust, S. W. Hurd, B. J. Maycock, F. D. Laird.

Drs. Wm. Perrin, G. Hoffman Peters, F. N. Whitehorne, J. Wilfred Allen, Jas. H. Beattie, Otis M. Wiley, F. W... Cornwell, E. H. Beck, Thomas A. Wasson, Hills Cole and Guy B. Stearns were elected to membership in the Homœopathic Medical Society of the State of New York at the meeting in February.

Dr. Frank Billings, Dean of Rush Medical College of Chicago, says: "This country is already overcrowded with colleges, and far more students are turned out each year than can find places in which they can practice medicine with the prospect of gaining even a living." This condition we may inform the doctor does not exist in the homœopathic school. There are a half dozen good places awaiting every homœopathic graduate.

Insurance companies will not as a rule, employ physicians who are not members of medical societies to make examinations.

Dr. E. Harris Scratchard, of Germantown, succeeds Dr. Carl Vischer as superintendent of St. Luke's Homœopathic Hospital in Philadelphia.

The popularity of the Unanimous Club of New York City is shown that at the last dinner forty-two members and guests were present in spite of the fact that it was the night of the great blizzard, and that Porter was toastmaster.

We have received from Dr. Juan Antiga, of Mexico City, several interesting and instructive pamphlets on Homœopathy and the National School of Homœopathic Medicine in that city.

Dr. S. Staads has returned from Europe and resumed practice in Sioux City, Iowa.

Celebrations of the 150th birthday of Hahnemann are to be held in several places in Germany. The Homœopathic World, of London, is to devote its April issue largely to Hahnemann.

The meeting of the Detroit Practitioners' Club was held at Grace Hospital on the evening of March 20th. Dr. W. A. Dewey, of Ann Arbor, read a paper on The Chief Guiding Symptom of Dulcamara.

The Monroe County Medical Society of Rochester, met at the Homœopathic Hospital on March 14th; papers were read by Drs... E. J. Bissell, D. B. Jewett, C. T. Graham and F. T. Bascom.

Several suits against surgeons have been recently won in the courts of different countries. One for not obtaining the consent of the patient or friends to do an operation found necessary by the surgeon after opening the abdomen. One against a surgeon for leaving his gold-rimmed eye-glasses in the abdomen, and another for leaving behind a roll of gauze in the abdomen after operation for appendicitis.

Union Springs, on Lake Cayuga, N. Y., a town of 2,500, and Fishkill-on-the-Hudson, are two good openings for a homœopathic physician.

The Rhode Island Homœopathic Society met on February 10th, in Providence. Dr. Bukk G. Carleton, of this city, was present, and read an interesting paper. Dr. C. J. Hasbrouck, of Bristol, was elected president for the coming year.

The Bureau of Clinical Medicine of the Wisconsin Homœopathic Medical Society has issued a call to every physician in Wisconsin to present a complete report of one or two failures where apparently indicated remedies did not act. Dr. C. L. Fairbanks, of Oxford, Wis., is chairman, and will endeavor to have these papers answered by expert clinicians and prescribers and the difficulties explained. Send him a good grist of papers and the bureau will be a lively one.

Experiments have been made by the New York Board of Health as to the danger of bacteria in money. Paper money was found to be the most dangerous. There is no one connected with the financial department of the Medical Century who is afraid of any bacteria that ever lived, and money for subscriptions may be sent in any old way so long as it arrives safely.

That radium emanations destroy the toxicity of serpent venom is the latest report.

Dr. E. H. Pratt holds his annual spring course in orificial surgery in the old place, which is now Hering Medical College, Wood and York streets, Chicago, during the week commencing April 3d.

The next regular meeting of the Rock River Institute of Homœopathy will be held in Sterling, Ill., April 6th. The entire time will be devoted to a study of tuberculosis. Twelve papers are on the program. Illinois is a State in the forefront of tuberculosis researches, and the Rock River Institute is in the forefront of homœopathic Illinois.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Medical matters in Washington have been at a standstill recently, owing to the Inauguration of President Roosevelt, which was one of the largest and most successful in the history of the Government.

On account of said inauguration, the March meeting of the Medical Society was postponed from the 7th to the 14th inst.

The Clinical Club held an interesting meeting at the residence of Dr. Swartwout, February 8th, and another at the residence of Dr. Lothrop, March 8th.

Dr. W. G. Emory and Dr. S. S. Stearns have both been suffering from grip, but are at present convalescent.

Dr. Martha C. Burritt has moved her office and residence to 2341 18th street, N. W.; will also have office hours at 514 East Capitol Street.

The National Homœopathic Hospital received an appropriation from Congress of nearly $19,000 for the completion of the new building, which has been delayed for several months owing to lack of sufficient funds. The hospital received a large amount of furniture from the estate of Mrs. Alice M. Goodwin, whose death occurred in November last.

A committee was appointed to extend congratulations to Dr. Root upon his eighty-fifth birthday, which occurred March 16th.

Dr. W. H. Brown has also removed to 623 19th street, N. W.

The Committee for the Prevention of Consumption of the District of Columbia have under consideration a plan to form a stock company to build a sanitarium for the treatment of tuberculosis. The plans have not matured as yet, but it is thought by those interested that a properly managed company could treat such cases with greater success than is now obtained in the hospitals.

At the meeting of the Washington Homœopathic Medical Society, held March 14th, Dr. Macdonald read a paper upon Suppurative Salpingitis, with observations on thirty-four consecutive cases operated successfully by the abdominal route. Of these cases eighteen were married, sixteen single. In six cases the trouble followed miscarriage, three abortion, and nine were caused by puerperal infection. In eleven cases drainage was established through the vagina. In twenty-six cases the right tube was involved, including those in which both tubes were diseased; of these twenty-four had inflamed appendices, which illustrates the fact that the appendix is more often diseased in women than some writers admit. One advantage of the abdominal route for operation being the ability to remove the appendix at the same time. The history of these cases, which would lead to a diagnosis of this condition, being leucorrhœa, gonorrhœa, miscarriage, abortion or puerperal infection. The immediate symptoms are pain low down in the abdomen, extreme sensitiveness of the tubes upon palpitation, rigidity of the abdominal walls may or may not be present, likewise fever may be present or absent, anxious expression of the face, loss of strength, the patient may have a chill, and if the tube is large it is possible in some cases to feel fluctuation, although many of them feel like fibroid tumors.

The treatment is operative, as there is great danger of rupture of the tube or septic thrombi following manipulation or massage, or even electricity. When possible to save portions of the ovaries, it is advisable to do so, as they may be buried in the peritoneum and thus avoid the unpleasant symptoms which the patient frequently experiences in passing through the artificial menopause.

Dr. R. Kingsman was appointed critic for the above paper, and found very little in it to criticise. He believes fully with Dr. Macdonald in the advisability of operation, and spoke of the necessity of the general practitioner being upon the alert to discover these conditions in his patients. The Doctor believes puerperal endometritus more often the cause than gonorrhœa. He considers many of the cases are due to overwork and neglect upon the part of the patient. Some acute cases may be relieved by local treatment, but he believes the best results are obtained by the surgeon. He spoke of two cases, one of which was operated and made a perfect recovery, the other one refused to follow his advice and have an operation, with the result a ruptured tube and death.

Dr. Julia M. Green read a paper upon Homœopathic Remedies in Salpingitis. She laid special emphasis upon Apis, Colocynthis, Cantharides and Staphisagria. She differentiated about fifty other remedies, and considers a great deal more may be accomplished by remedies if we will thoroughly study our Materia Medica.

Dr. J. S. Stearns gave an interesting article upon the Study of the Urine. He laid particular stress upon the solid constituents of the urine in health and disease.

Dr. Munson, in discussing this paper, mentioned the faulty elimination of urea particularly, and cited several cases in illustration of his point.

Dr. Martha C. Burritt spoke of the medical treatment of enuresis in children,, and spoke particularly of the dietetic and hygienic measures.

Dr. Marvin Custis mentioned a case of ocular insufficiency which was corrected by the use of prisms, and thus relieved a case of enuresis.

The talked of plan of reporting all cases of tuberculosis to the health office was brought up for discussion, and it seemed to be the opinion of the majority of those present that the Society should go on record as being opposed at present to the report of such cases by name. It was moved and carried that the Society favor a police census of the city at the present time, with a recommendation that all physicians be required to report the number of tubercular cases under their care, in order to refute the newspaper statements which were recently made that the proportion of tubercular cases now in Washington was larger than that of any other Eastern city.

It was decided to appoint a committee to decorate the Hahnemann Monument on April 10th in honor of the one hundred and fiftieth anniversary of Hahnemann's birth.

Dr. C. B. Gilbert has been on the sick list during the past week, but is able to be at work again.

CHICAGO NOTES.

C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. Harry Gorman, who was formerly located at No. 1 Warren avenue, in this city, has removed to Belle Plaine, Kansas, and writes that he is being very successful there, and that there is a great need for homœopathic physicians in that section of the State. He mentions especially Marion as a town with only one doctor, and he an old man who is also running a drug store.

Dr. C. J. Swan has just returned from a trip through the Eastern States. He attended the inauguration of President Roosevelt while absent, and had the time of his life, we are informed.

The regular monthly meeting of the Homœopathic Association of Chicago was held on Thursday, March 16th, and was one of the best attended that has been held. There were more of the physicians present than there has been at any previous gathering. The interest in these meetings is increasing all of the time, and the doctors are realizing the need of the Society and the good to be obtained from attending it. Dr. Grubbe read a paper on the X-ray, and a report of the committee on the entertainment of the American Institute was given.

Dr. Dwight Clark, of Evanston, is the proud father of a nine and a half pound son, which was born March 13th.

Dr. I. N. Fall, of Perry, Iowa, is in Chicago taking a post-graduate course in Hahnemann Medical College, from which he graduated in 1885.

Dr. C. W. Jacobi, who graduated from Hahnemann in 1897, recently visited old friends in this city.

Dr. Rollin Schwartz, who was associated with Dr. Burton Haseltine, has located at Chrisman, Ill., and is very much pleased with his town.

Dr. Schenkelberger, who graduated from Hahnemann in the class of 1902, and was for two years an interne in a hospital in Montreal, has returned to this city, and has taken apartments at the Lakota Hotel, and has his office at 52 State street. He has just been appointed attending physician for all the employes of the Chicago American.

The marriage of Dr. C. P. Gallogly and Mr. C. F. Kimball was solemnized recently in St. Louis. The Chicago papers have a pretty romance woven around the event. They say that the wedding was the result of a meeting in a professional way between the bride and her husband. Dr. Gallogly was one of the leading instructors in Hahnemann, and all of her colleagues will join in wishing her a very happy married life.

Saturday, March 25th, was the anniversary of the founding of the Phi Alpha Gamma fraternity, and the event was celebrated by the Eta-Lambda Chapter in this city with a banquet to the graduate and honorary members of the chapter and of all other chapters who are now residents of Chicago. The dinner was served at the Albion Cafe, and was well attended. The guest of honor was Dr. H. F. Biggar, of Cleveland. He was there with a new lot of stories, and was as popular as he always is at the Grand Chapter meetings, where he is the life of the meeting. Toasts were responded to by Drs. E. H. Pratt, Dwight Clark, G. F. Shears, Charles Gatchell, and others. It was a happy reunion of "frat" men, and will long be remembered by them.

Dr. E. H. Pratt delivered a lecture on the Composite Man at Kankakee recently. The papers spoke very highly of the lecture, criticising it in only one particular, and that was that it was too scientific and not popular in nature. It is said that Dr. Pratt is contemplating giving a number of popular lectures.

Dr. Charles Sutherland, who graduated from the Chicago Homœopathic Medical College a couple of years ago and is now practicing in Janesville, Wis., visited friends here recently, and is contemplating taking a special course in Hahnemann soon. He desires to do special work in nose and throat diseases.

George David, M. D., has opened an office at 3046 Lake Park avenue, and his hours there are from 11 to 2.

The fraternities of Hahnemann have arranged to make their meetings profitable as well as pleasant gatherings, and so have some member of the faculty give an address at one meeting each month. Dr. Bailey addressed the Usteons at their last meeting, and Dr. Shears is to talk to them at their next one. Dr. Haseltine was present at the last meeting of the Phi Alpha Gamma, and gave the men some valuable points. Dr. McGibbon is to give the next talk.

Dr. and Mrs. G. F. Shears entertained the members of the Epsilon Tau sorority at their home, 2911 Prairie avenue, on Friday, March 17th. A very pleasant time was had by all those who are members of this society.

A notice has been sent all the graduates of the Chicago Homœopathic Medical College that an ad eundem degree will be given to all who apply by the faculty of the Hahnemann College. This will make the upnion of the two schools stronger and will bind all in one strong alumni association, which will work for the good of the united schools.

At a recent meeting of the executive committee of the Illinois Homœopathic Association, it was decided to unite with the American Institute and have the celebration of the fiftieth anniversary of the Association and the observance of Hahnemann's birth at the same time. The event will be celebraed with a banquet at which it is expected that the largest number of Homœopaths, who ever sat down together, will be present. Elaborate plans are being made for the banquet.

March Meeting of Union Clinical Society.

The Union Clinical Society met with Doctor B. S. Hunt, Sidney, O., March 10th. Dr. Means, of Troy, read an excellent essay on Drugs, Mental Therapeutics and Suggestive Treatment. The essayist said among other things that he believed the results obtained by high potencies were due entirely to suggestion.

Dr. Coffeen in discussing the paper, said he quite agreed with the essayist, and went farther, adding that the results obtained by crude drugs were due to auto-suggestion, which the taste and smell produced.

Dr. Rosenberger contended for the intrinsic worth of potencies, and maintained the claim that the results obtained were genuine and rational, and were produced by the potentized drug and not by suggestion. The small babe, the youth and the man in the fullness of age alike react splendidly to the scientifically selected potentized remedy. He instanced a case of a patient complaining of a sharp pain in the right side in the region of the eighth rib, in which Kali carbonica 30x produced such quick results as to cause the family to ask, "Doc, did you give morphine?"

Dr. Hetherington quoted from James and the French psychologists to prove that modern psychology is physiological psychology, and that the brain cells are the workshop of the mind. A call for a report of cures by suggestion elicited the reply that mental conditions alone were amenable to such treatment, but no cures of gross macroscopical lesions were reported.

Dr. Hatfield, an interne in Cook County Hospital, Chicago, spoke instructively on serum therapy. He reported fifty cases of diphtheria treated with antitoxin with no deaths. Several cases treated experimentally without it died. He gave from 4,000 to 20,000 units, but the average dose per patient was from 10,000 to 15,000 units. He always began with 4,000 except in late cyanosed cases, when he began with 6,000. Intubation and tracheotomy were frequently resorted to in late cases that were cyanosed when entering the hospital. The doctor was unfortunate enough to injure the back of one of his fingers while intubating a case of diphtheria. In twenty-four hours a membrane formed as large as a nickel. He experimented with antiseptics, using one-half of a 1 to 5000 Mercurius chloride solution and one-half alcohol. The membrane was kept saturated for twenty-four hours, and during this time the membrane increased to the size of a half dollar. Four thousand units of antitoxin was then taken, and in twenty-four hours more the membrane had disappeared and the swelling of the arm had abated.

He said he got no results from antitoxin serum. All cases of tetanus developing within ten days after inoculation invariably died.

Antistreptococcic serum proved of no use in his hands in pyæmia and septicæmia.

After the scientific program was finished a three course dinner was served in the splendid home of the host and hostess. "Then homeward each took off his several way," nourished and inspired anew with lofty aims and high ambitions for his future success. The following visitors honored the Society by their presence: Doctors Hobby, Port Jefferson; Goode, Sidney; Faulder, Wapakoneta; Buchanan, Lima, and Hatfield, of Cook County Hospital, Chicago..

A. W. R.

The Journal of the American Medical Association.

Is soliciting the advertising of homœopathic periodicals by offering them clippings and extracts from its pages. In all of them the Journal of the A. M. A. is mentioned after the style of the pharmaceutical house reading notice. It is cheap advertising, but most editors would prefer to make their own selections and to credit the periodical where the original was obtained rather than to have the other fellow hold the seive.

Special Trains

Will be sent out over the Northern Pacific R. R. to Portland for the meeting of the American Medical Association. The first will leave Chicago, June 30th, at 11 A. M., the second July 1st, at 11 A. M., both stopping at the Yellowstone for the park trip of six days. Another "hurry up" train will leave Chicago going right through to Portland with a special stop at Spokane. Information relative to these can be secured by writing C. A. Matthews, Gen'l Agt. N. P. R. R., 208 South Clark St., Chicago.

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The Prize Essays.

IN DEFENSE OF HOMŒOPATHY.

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICH.

Every man for himself or his family must, on occasions, take a personal interest in the "pathy" problem. Most of the time he may feel as did the invalid who was asked whether he preferred a "Homœopath" or an "allopath," and whose answer was: "It makes no difference, both paths lead to the grave!" But when illness stalks into the household and possesses one of its inmates, it is no longer a question of physician or no physician; the kind of a doctor and which particular doctor then become burning problems demanding instant solution.

One of old said: "In time of peace prepare for war." The foresight and circumspection which prompted this maxim would probably lead its author to advocate the idea that in time of health preparation should be made for a possible illness, trifling or serious. It is the purpose of this essay to show why the physician determined upon as the one to call, when illness comes, should belong to the homœopathic school.

Health and Disease.

To the lay mind, health and disease are terms which define conditions, one desirable and the other to be avoided. Beyond this vague mental description no further thought is given the problems which vex and perplex the scientists and divide the medical profession into great factions or "schools." With the conflicting and vacillating opinions of the past, it was necessary to be something of a mental gymnast to keep abreast of the rapidly changing ideas of scientific thinkers. Fortunately, however, this chaotic condition is giving way to an orderly arrangement of established facts, and to-day we know for a certainty many very interesting things about health and disease.

It is now believed that life depends upon the activity of bodily cells. Going from the gross mass of the body to the separate and distinct tissues and from these to their minutest portions, it has been determined that the smallest possible division of living matter, capable of form and function, is the cell. The infinitesimal size of the cell is something amazing; in the liver, for instance, it has been found, by careful measurements and estimates, that a single cubic inch of that organ consists of 156,000 million separate and distinct cells.

Health depends upon the well-being of every cell of the body. The cells must be nourished and refreshed, waste products must be carried away, and new material supplied as required. In the light of present knowledge, disease consists of some disturbance in the metabolism of the cell. By this term, metabolism, we mean the balance or equilibrium which exists between food supply and waste; normally, this condition is reached when the active cell constantly receives and assimilates precisely the right amount of exactly the proper food. In disease this balance is disturbed, insufficient or improper food interferes with the cell, causing it to be over-active or under-active or to die. Then the individual becomes conscious of certain symptoms which are indicative of disease, and the physician's duty begins.

The Size of the Dose.

With this much scientific knowledge, briefly stated though it is, the lay mind will at once appreciate that medicine, to be of use to one of these bodily cells, must be administered in such form and quantity as such an infinitesimal thing is capable of receiving. One might as well attempt to patch a pin prick with one of the pyramids as to expect a teaspoonful of medicine to be appropriated by a cell. Only a very, very minute portion of such a dose, relatively so enormous, can be appropriated by the diseased cell, the untouched portions of the dose are in the system menacing myriads of other cells, which may and probably will be poisoned by the unwelcome drug. Perchance the cell or cells originally diseased may be restored to health, but the patient has gone from Scylla to Charybdis by having thrust upon him an illness quite as bad or worse, the direct result of drug action.

The quantity of medicine to be given in each dose has nothing to do with Homœopathy; it is the privilege of the prescriber to administer a grain, an ounce, or any amount which appeals to him as required by the patient. The homœopathic physician believes, however, that the "minimum dose" should be administered, that is, that the smallest possible quantity capable of relieving the need of the patient should be given. This is the ideal prescription, because it exactly supplies the demand of the diseased cells without disturbing other normal cells. In practice, therefore, the Homœopathist usually dispenses small doses.

The Power of Drugs.

The popular notion that the strength or power of a chemical is in direct proportion to its mass, is no longer the view of scientific men. It is now held that a very small amount of a drug or chemical, when perfectly dissolved in water or some other liquid, is much more potent than a thousand times as much of the same chemical in the dry state or imperfectly dissolved. This is the teaching in every laboratory of the world. Practical application of this fact is found in the modern use of blue vitriol in purifying water.* A quantity so small as to have no effect upon the cells of the human body is yet capable of causing the death of certain algæ which possess a selective affinity for this particular chemical.

In the human body the cells of particular parts possess this same selective affinity for certain drugs or chemicals. When an infinitesimal amount of silver, for instance, is taken into the system, it may be found in certain tissues of the brain and always there, when it cannot be discovered elsewhere. Thus it is apparent that when any cell of the body lacks a given element necessary to its well being, its power of selection of the missing element, or "tissue proclivity," as it is termed, enables it to appropriate the same from the blood stream if it be there in ever so minute quantities.

It will be seen, therefore, that the efficiency of the small dose and the capability of the human system to appropriate and utilize medicine administered in minute quantities are facts based, not upon a vagary of the imagination, but upon the most modern of accepted truths.

The Selection of the Remedy.

Not only does the homœopathic physician prescribe the "minimum dose," but also, in selecting the remedy for given symptoms of disease, he employs a fixed formula, expressed by the Latin phrase, *Similia similibus curantur,* translated "Similars are cured by similars," i. e., Like ailments are cured by like remedies. The possible existence of a law of cure is denied by the dominant school.† The latter scoffs at the "theory of similars," and in prescribing, depends largely upon experimental and empirical methods. That is, the physiciain of the dominant school in treating scarlet fever, for instance, tries this, that, and the other remedy, which he thinks might possibly be of some use, until he hits upon one which seems to control the issues of the disease.. Or he prescribes in the condition this, that, or the other remedy, which has obtained a reputation for usefulness in this disease. The first of these methods is, of course, experimental, and the second empirical in the extreme. Besides these, excluding the use of remedies which act simply in a chemical sense as neutralizing agents, a physician of the dominant school has but one other method of therapeutic procedure. This is to prescribe "allopathically," that is, to give a remedy which, by reason of its drug action, produces symptoms the opposite of those induced by the disease. To illustrate: If the patient have fever some drug is given to forcibly hold the heart, thus preventing its rapid action with the resulting increase of temperature; or, in flagging heart, that organ is whipped on and forced into more rapid action by the administration of a stimulant, like whisky or strychnine. Such practice is too often fatal in its results, and in any case, the reaction from or secondary effect of such treatment is bound to be pernicious.

With no fixed formula and no unity of thought regarding the use of medicine, every physician of the dominant school is authority unto himself in the selection of remedies. The result is, that for any given disease or set of symptoms there may be as many different prescriptions as there are doctors of the dominant school.

All this is different in Homœopathy. For a given set of symptoms, no matter where the homœopathic physician was educated, or where he may practice, be it in Maine or California, the Dominion of Canada or the British Isles, the remedy selected will be the same. As in the selection of glasses for a definite error of refraction scientific oculists from one end of the world to the other will reach the same conclusion as to the need of the patient, so in homœopathic practice, definite and positive symptoms of disease will call for the same remedy with every prescriber.

The Reasonableness of the Theory of Similars.

The reason for this marked difference between the schools, as has been said, is because the homœopathic physician believes that in disease and health there are certain laws, as there are in every other department of the physical world, while the physician of the dominant school denies this, or at least denies the value of the so-called "law of similars." It is not possible, perhaps, to explain the rationale of this law of cure, but the Homœopathist is not the only scientist forced to acknowledge ignorance of the underlying laws of his specialty. Where is the physicist who can explain the law of accelerated motion, or the law of magneto-electric induction, or the law of gravitation? He can demonstrate the law by showing experiments to verify it, but to explain sensibly or convincingly why or how, he cannot. The theologian has the same difficulty with the doctrine of the immaculate conception, and the chemist can hardly account for some of the chemical affinities familiar as working truths. Thus it may be excused the Homœopathist, perhaps, if he fail to scientifically account for the theory of similars. It is the conclusion of the homœopathic profession that this theory affords a working hypothesis satisfactorily accounting for certain medical phenomena, and in the terms of which, outside of purely chemical processes already referred to, *every certain procedure known to the medical profession can be explained.* Further, in order that the lay mind may not misunderstand its position, it is claimed by the homœopathic school that every single remedy, known to have curative properties in the relief of disease, acts in harmony with and is prescribed, even if unknowingly so, in accordance with the theory expressed in the phrase *Similia similibus curantur.*

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*An entertaining article on this subject was printed in the Century Magazine for November, 1904.

†In this essay the "Old School," that is, the so-called "Regular" or "Allopathic," since it predominates in numbers, will be spoken of as the "Dominant School."

The dominant school to-day, therapeutic skeptics* as they admit themselves to be, certify to four sure remedies—mercury in syphilis, quinine in malaria, salicylate of soda in rheumatism, and iron in anæmia. The most radical of the dominant school, denying the homœopathicity of these remedies, would admit that the poisonous action of each is remarkably similar to the disease it has power to cure. If time and space permitted, in addition, this writer would attempt, at least, some citations of remarkable scientific facts which exist and which apparently vindicate the claims of similia, but enough has been shown to prove that the entire homœopathic practice and such of the practice of the dominant school as is conceded by that school to be of positive therapeutic value are in harmony with and are explained by the theory of similars. It is not begging the question, therefore, to leave the matter here and claim that until future generations find a better hypothesis we have the right to accept the theory of similars as the law of cure.

Importance of Exact Prescribing.

One who has observed the great variety of symptoms met in different types of typhoid fever, or any other disease, will at once appreciate the value of a system which seeks to select a remedy suited to the particular case in hand, and to differentiate it from all other remedies useful in other types of the same disease. It is not enough to treat a disease *by name,* as is the practice of the dominant school, or to prescribe for a disease because of the peculiar manifestations which are common to all cases of the same disease. The remedy must be selected to fit the special symptoms presented by the individual patient. When so selected, the remedy fits the disease as the wing of the bird fits the air. Any other method of prescribing is as likely to result in misfits as would happen in a ready-made shoe store if the ridiculous rule prevailed that to every soldier customer a No. 8 shoe should be sold, to every blacksmith a No. 9, and to every farmer a No. 10. Homœopathy is exact in its methods and employs no ready made garments to fit its patrons, regardless of form, height and station. Every garment is made to order and is fitted only after careful consideration of many patterns.

Superior Results of Homœopathic Practice.

The layman investigating Homœopathy for the first time has a right to ask whether or not it is a success in practice. Homœopathy must prove beyond cavil that its system is, at least, the equal of any other, in percentage of cures, short duration of disease, and low death rate. It is not incumbent upon it to show more, but it is greatly to its advantage to prove, not alone its equality to other systems, but also, if possible, its superiority. If its results are equal to those shown by another system it may be accused of adopting the methods of that school; if they are superior, however, either the practice is acutally different, or else the Homœopathist has a way of more successfully employing the methods of the other school. In either event the public will be satisfied to give preference to the homœopathic physician.

Statistics are not always reliable, but for the purpose of the present discussion there seems no other way of presenting the truthfulness of this claim. The cities of Baltimore, Cincinnati, Brooklyn, Detroit, St. Paul, Providence, Denver, Indianapolis, Syracuse, Rochester, Nashville, and Seattle are selected as fairly representing every variety of climate and every phase of therapeutic practice. Because the figures are at hand, the year 1894 is chosen, and it is no more favorable to the argument than any other year would prove to be.

During that year the practitioners of the dominant school in these cities had a death rate in measles of 3 per cent.; the homœopathic profession lost 0.8 per cent. The mortality rate in scarlet fever was 9.24 per cent. for the dominant school; 5.66 per cent. for the homœopathic. The typhoid fever mortality was high for both schools; for the dominant school 22.56 per cent., for the homœopathic 15.15 per cent. These figures are duplicated wherever the two schools are brought in competition, as, for instance, in Cook County Hospital, Chicago, at the University of Michigan, the University of Iowa, and the University of Minnesota.

Not only is the death rate very much reduced by homœopathic prescribing, but also the average duration of the disease is shortened. This fact was shown by some figures prepared by the British Government, whereby it was demonstrated that a homœopathic hospital at Melbourne, Australia, treated as many cases of typhoid fever as a hospital of the dominant school having twice as many beds.

It is useless to multiply figures, they all lead to the same conclusion. The eminent Dr. Osler, recently called to Oxford College from Johns Hopkins University, admitted that the homœopathic school is at least the equal of his own when he said: "Nobody has ever claimed that the mortality among homœopathic practitioners was greater than those of the regular school." But the homœopathic profession claims, and without fear of successful contradiction, that the mortality rate among its practitioners is far less than the mortality in the dominant school, and the duration of the disease shorter.

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*The skepticism, almost nihilism, as regards the value of remedies of the dominant school is shown by this quotation from one of its eminent exponents, Prof. H. C. Wood, in the preface of his "Treatise on Therapeutics:" "Experience is said to be the mother of wisdom. Verily she has been in medicine rather a blind leader of the blind, and the history of medical progress is the history of a man groping in the darkness, finding seeming gems of truth, one after another, only in a few minutes to cast each back into a heap of forgotten baubles that in their day had also been mistaken for verities. Narrowing our gaze to the regular profession to a few decades, what do we see? Experience teaching that not to bleed a man for pneumonia is to consign him to an unopened grave, and experience teaching that to bleed a man suffering with pneumonia is to consign him to a grave never opened by nature. Looking at the revolutions of the past, listening to the therapeutic babel of the present, is it a wonder that men should take refuge in nihilism, and like the lotus eaters, dream that all alike is folly, that rest and quiet and calm are the only human fruitions?"

The Medicine Prepared by the Physician.

It is customary for the homœopathic physician to dispense his own medicines. This fact is sometimes put forward as an argument in the line of economy, for the employment of this school. There is an advantage in the practice greater than the saving in drug bills; the physician himself becomes responsible for the purity and the accurate preparation of the remedy. Undoubtedly many a practitioner of the dominant school, depending upon the pharmacist for the proper filling of the prescription and trusting that it will fall into competent hands, suffers defeat in the struggle with disease because of "substitution," careless or incompetent preparation, or delay in filling his prescription. The Medical Record states that a great number of Chicago apothecaries will be prosecuted for selling adulterated drugs. This prominent journal of the dominant school, in the issue of December 17, 1904, says: "Chemical tests have been made and evidence produced which prove the presence of alien matter in many prescriptions calling for pure drugs. In nearly 20 per cent. of the samples obtained there was not even a trace of the drug called for in the prescription. The tests, conducted by Dr. John A. Wesener, showed the following: Twenty-three prescriptions, no trace of the drug called for; 66 prescriptions, 80 per cent. impurities; 10 prescriptions, 20 per cent. impurities; 9 prescriptions, 10 per cent. impurities; 31 prescriptions, pure." A similar scandal, involving New York City druggists, recently stirred the medical profession and the laity of that metropolis.

Besides avoiding the possibility of substitution, there certainly is an advantage to the patient in having the remedy prepared on the spot and the directions regarding its use made clear by explanations of the physician himself. Many mistakes and many failures in medical practice have resulted from the indirect methods of the pharmacist and the brief, unsatisfactory directions written on the label of the medicine.

Drug Habits Not Induced By Homœopathic Prescribing.

While the homœopathic physician may admit the occasional necessity for prescribing medicines liable to induce drug habits if continuously used, yet, as a matter of fact, this procedure is rare in his practice. On the other hand, there is no denying that the more careless of the practitioners of the dominant school have been responsible for the development of such habits, and have made inebriates of all too many of their patients.* While this criticism may perhaps apply to some individual members of the homœopathic profession, it cannot be passed upon the system itself, as, it is sad to say, may be done with the dominant school. This writer has no desire to say harsh, unkind, and, above all else, untrue things of the other school, but it must be apparent that with the greater wealth of remedies and the greater confidence in therapeutic effects, the homœopathic prescriber has far less temptation to resort to purely palliative methods of treatment; for these reasons he rarely employs the hypodermic syringe and as rarely administers anodynes of any sort. Of necessity, therefore, the victims of induced habits are seldom found in homœopathic families.

Homœopathic Physicians the Patrons of General Science.

It is conscientiously believed that the superiority of the homœopathic practice has been proven in every disease, in every climate, and in every season. Yet it must not be imagined that the homœopathic physician looks askance upon the advances of general medicine. The sputum examination, for instance, in the diagnosis of throat and lung diseases, is given the same importance in the homœopathic world that it receives elsewhere. The most radical opponent of Homœopathy would not say that in the choice of a drug the presence or absence of the germ would influence his selection of a curative remedy. It would simply decide the question of climate or the general disposition of the patient. It means, at least, that much to the homœopathic prescriber. The laboratory methods of science receive the same patronage and the same encouragement in the homœopathic school as elsewhere. In surgery, in gynæcology, in ophthalmology, the same careful technique, the same skill, the same methods are every where employed. No one dare claim that the results of surgery in other schools are superior to those gained by the homœopathic operator.

The American Institute of Homœopathy has officially decreed that "A homœopathic physician is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics. All that pertains to the great field of medicine is his by tradition, by inheritance, by right." The patient, therefore, who employs the homœopathic physician gives himself all that the dominant school offers, and, in addition, the wonderful resources of the homœopathic Materia Medica. He loses nothing except the greater probability of escaping surgical procedure by the saving grace of a more potent medical armament. He reduces his chance of mortality and decreases the duration of his illness. All that pertains to chemical methods, to bacteriological research, to surgical ideas, to the great field of general medicine—all these belong to the homœopathic physician to give to his patient, together with the possibilities of the homœopathic remedy. In the language of the Chicago Inter-Ocean editorial, truly "They who have not tried Homœopathy have not half tried to get well."

Reprints.

Of these Prize Essays for general distribution may be procured by addressing the offices of the Medical Century.

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*It is well known that chronic constipation results from the abuse of laxatives and cathartics too commonly prescribed by physicians of the dominant school.

HOMŒOPATHY. A DIALOGUE.*

BY W. H. DIEFFENBACH, M. D., NEW YORK.

Time: The present.

Place: A large city.

Scene: Second-hand book store.

Persons: Young Medico and Second-hand Book Dealer.

Enter Young Medico in search of a few extra volumes of homœopathic Materia Medica for the purpose of filling the vacancy in his newly purchased book cases.

Young Medico: Have you any homœopathic medical books for sale?

Book Dealer: Yes, I have a few. I have an old copy of Dunham's Science of Therapeutics, a broken set of Allen's Encyclopædia, also a copy of Hering's Domestic Physician; but I do not care to sell the latter, as I use it myself.

Young Medico: The Dunham is the only volume you have for sale, then? What is the price?

B. D.: Three dollars.

Y. M.: Three dollars? Why a new copy could be purchased for that price.

B. D.: Yes, I know; but this book is out of print, and homœopathic books, especially the old standard ones, are worth full value at all times. They sell like hot cakes. I always have a market for them. I have a choice collection of other medical works which I will sell you at cut figures. When these books are a few years old they seem to lose their value and become a dead weight on the shelves, and I will gladly sacrifice them, if you will look them over.

Y. M.: Well, I want the Dunham volume, and presume I will have to pay your price.

B. D.: Take it or leave it. I can readily dispose of it. By the way, Doctor, may I ask you a few questions regarding Homœopathy? I am much interested in the subject, especially since studying a few of the books I have had from time to time, and since trying some of the remedies in my own family?

Y. M.: Shoot ahead! I will try to answer your questions as well as I can.

B. D.: Well, I must tell you that I first became interested in Homœopathy from the fact that your old wornout homœopathic books were such good sellers, while the other medical works when ten or twenty years old barely bring the price of waste paper. Doctors frequently come in here and look for homœopathic books, and the older the book the better they appear to like it. My policy in purchasing is, therefore, based on different lines regarding values; homœopathic books I always pay liberally for, while other medical works, unless they are very recent editions, I fight shy of. I have had considerable sickness in my family, so I naturally became interested in medicine, and during dull times read some of your musty volumes. The more I read the more I felt that your system was founded on fixed lines, the law of similars, and that this explained why your books did not lose in value with every new medical discovery. I mentioned this conclusion to one of my patrons of the other school, and what do you suppose he said?

Y. M.: Well?

B. D.: He said that Homœopathy had made no progress in one hundred years, and that accounted for the fact that the old books were still popular. The Homœopaths have stood still, the others have progressed, hence the frequent changes in their books and treatment.

Y. M.: My dear man, the next time you see your friend kindly tell him for me that he is in error, and that if he had taken the pains to investigate the homœopathic colleges and hospitals he would find them equal in every way to the best in the country. In collateral sciences the homœopathic student is drilled as well as any other medical student. He is also familiarized with old school materia medica and its uses; but the main study and distinction and the abyss which separates him from his allopathic brother is the acceptance by the homœopathic student and physician of several distinct and clear cut enunciations in regard to his therapeutics.

These principles were proclaimed by Samuel Hahnemann, the founder of the homœopathic school, about one hundred years ago, and they are as true to-day as they were at that time.

B. D.: You refer to the therapeutic law "Similia similibus curantur?"

Y. M.: Yes, and several other principles. There are minor differences among the homœopathic physicians, and there are two national associations which exist separately owing to differences of opinion as to the potency (strength) of drug to be employed in cases of disease. The following principles, however, *all men claiming to affiliate with the homœopathic school can readily subscribe to:*

I. The principle of similars; let likes be cured by likes.

II. To ascertain the value of drugs and apply above principle, have all drugs tested (proven) on the healthy human organism (not only on dogs, rabbits, guinea pigs, and the other lower animals).

III. Employ the smallest possible dose to restore the sick to health based on the first principle.

B. D.: How is a person to determine what is the smallest dose to give in a stated case? I have purchased a small stock of your prominent remedies and have used them in my family in cases of emergency, but am always in doubt how much to give and how strong to give it. Can you put me on the right track on "the potency question," as your journals call it?

Y. M.: I would advise you not to treat your own family or any one else. Call in a homœopathic physician; the telephone is always handy and you can quickly get a response. As you seem so much interested, however, I will say that the potency question you speak of has been a thorn in the flesh for many years, and may never be settled to the satisfaction of every one. Hahnemann in his own practice employed the first, second, sixth, sixteenth and preferably (towards the end of his life) the thirtieth potency. But because a physician gives a few drops of the tincture of medicine in a glass of water he does not forfeit his right to membership among Homœopaths. The potency question is a matter for personal discrimination and experience, and the fact that the founder of Homœopathy and his most eminent disciples constantly varied these so-called potencies, shows that no distinct line can be drawn in this controversy. Hahnemann, as you already know, discovered that disease could be cured by a remedy which, when given to the healthy, produces similar subjective and objective symptoms to those observed in the disease. The closer the symptoms were allied the greater the certainty of a cure. This, of course, excludes cases of poisoning when antidotal measures and removal of the disturbing element are resorted to by doctors of all schools.

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*This dialogue actually occurred almost as reported. For purposes of this prize competition it has, however, been revised and added to in order to bring out arguments considered of value to the cause.

I will give you an illustration of the application of homœopathic medication in the case of a prominent clergyman which recently came to my care. The patient had fever of over 103 degrees, had mental anguish and anxiety, fear of impending danger, a dry, red throat, hoarse voice, dry, tingling, hot skin, hard, full, quick pulse, and a history of exposure to cold. A short, dry, hard cough accompanied these symptoms. Physical examination showed dullness in the right lower lobe of the lung, respiratory lagging on the affected side, and moist rales throughout the right upper lobes. The left lung had compensatory increase in respiratory effort, and the whole clinical picture presented a congestion of the right lung with possibly impending pneumonia. Did we select a remedy "good for congestion of the lung or pneumonia," or did we select a remedy which Prof. Boomthis or some pharmaceutical firm "recommends" in this condition? No; we selected the remedy which, when given in proper doses to a healthy individual, produces the complex of symptoms detailed above. These symptoms are found under Aconite. Aconite was given in the third potency, frequently repeated, and within forty-eight hours the fever had abated and medication was suspended. Proper diet and rest in bed was, of course, enjoined, and the few remaining symptoms of illness combatted by remedies corresponding to the symptoms exhibited by the patient at the time of administration. Will we, on the basis of this success, prescribe Aconite for the next case of congestion or hyperæmia of the lungs? Not unless the symptoms correspond. The case may demand some entirely different remedy if the symptoms presented call for it. It is this fact that each case must be examined on its merits and prescribed for on its peculiar and distinct manifestations that makes good homœopathic prescribing so difficult and compels constant study of the Materia Medica. Our system of prescribing is much more difficult than that of the allopathic or eclectic school on this account. We do not prescribe for the name of the disease, but for the sick individual and prescribe according to a fixed law which has been found true for over one hundred years. Do you wonder that homœopathic physicians consider their methods superior to that of the other medical brethren? Visit ten allopathic physicians and give them a recital of your disease and request a prescription for the same. Try the same experiment with ten homœopathic physicians. I will venture my fortune that the prescriptions of the allopathic physicians will show a great diversity of formulæ, containing a multiplicity of drugs, while a majority of the homœopathic physicians will prescribe *the same drug in each instance.* This test was actually performed by a California physician some years ago, and turned out just as predicted above. The Homœopaths surely deserve the title of "therapeutic regulars," our allopathic friends being regularly "irregular" in their therapeutic methods. This statement is open to verification by anyone desiring to make the test.

At the beginning of his career as a Homœopath Hahnemann gave crude drugs, and he gradually reduced the material drug by so-called potentization (taking for the first potency one part of drug substance and ninety-nine of water, alcohol, or sugar of milk and triturating or shaking same vigorously so as to obtain a finely divided intimate mixture, and repeating this proportion for each higher potency).

When practicing in Paris, Hahnemann found that drugs thus potentized, eighteen, twenty-four, or even thirty times, still possessed medical value, and his results even appeared more pronounced than heretofore, so that he attributed it to "a spirit-like force," which was liberated by the frequent succussion or trituration. To-day we find in the same city of Paris a Professor Robin "discovering" that gold and silver if finely divided by electric disassociation, ionization, are efficient remedies in pneumonia, and the old school medical journals quickly herald the new discovery as a boon for our pneumonia suffering humanity. If these learned individuals would look up the provings of gold and silver in our books on Materia Medica they would note that one, Samuel Hahnemann, M. D., advised the application of these remedies about one hundred years ago in this and other diseases when the symptoms of the patient correspond to those of the provings of these drugs on the healthy.

B. D.: Doctor, your talk is most interesting, and I am astonished that your school does not increase numerically and over-shadow the rest of the profession.

Y. M.: It is strange, but it is all a matter of education. Every little while such "discoveries" as are heralded by Dr. Robin serve to call attention anew to the eternal and unchanging verity of the homœopathic law. Such subtle agencies as the X-ray and radium confirm it. The X-ray, for instance, if used *to excess,* as noted in the case of Edison's laboratory assistant, of Dr. Weigel, of Rochester, N. Y., and others, has produced cancerous conditions of the skin, and nothing has been more wonderful than the many cures of superficial cancers due *to the judicious use* of the X-ray. Some wag of an allopathic medical editor exclaims that this coincidence may open up a new field for thought. It does, brother! It does.

A few months ago the daily press contained articles on the discovery of the value of bee stings in rheumatism. The medical press commented on the subject favorably, and a prominent pharmaceutical house promptly announced its willingness to supply the medical profession with bee poison, the newly vaunted specific for rheumatism. This remedy has been used by homœopathic physicians for over fifty years under the name of Apis mellifica or Apium virus, and is prescribed in rheumatic conditions when the symptoms peculiar to the drug are exhibited by the case in question. These symptoms are œdematous swelling, with stinging, throbbing and burning, sensitiveness to touch, bruised, tired feeling, amelioration from cold, aggravation from warmth. Not every case of rheumatism presents these symptoms, and Apis is only beneficial where its symptomatology is present and in none other.

Our allopathic friends have recently adopted Hepar sulphur, an old homœopathic polycrest, under the name of Calcium sulphide, as an efficient agent in combatting purulent conditions. They also find nitroglycerine, proven by Homœopaths, to be valuable in many conditions. Their text-books are littered with recommendations of "small doses" of so and so are "good for" such and such a condition. If our shy friends would only go one step further and say "these small doses" are good for such and such distinct symptoms, because these stated drugs produce similar symptoms in the healthy, the battle for conversion would be complete.

If a chair of Homœopathy could be established in but one prominent old school college and the principles of Homœopathy enunciated in a clear and simple manner, and this be followed by practical demonstrations in hospitals affiliated with the colleges, the way would soon be open for other colleges to follow suit, and the separate sectarian existence of Homœopaths be eliminated. It does not seem unreasonable to expect that this time must come when by true aggressiveness the Homœopath draws attention to his method of drug therapeusis and the public becomes possessed of the true knowledge of the present status of Homœopathy and homœopathic physicians.

Well do I remember when I appeared before the examiners of the State board for the final examination which would permit me to practice in this State. There were some three hundred other applicants of *all* schools. We all received the same question papers in anatomy, physiology, chemistry, pathology, hygiene, bacteriology, obstetrics and surgery, and probably all answered the questions approximately alike. The only difference in the examination between the old school, the so-called "regular" candidates and myself was in the paper on therapeutics and practice. I subsequently saw the old school therapeutics and practice questions, and am certain that I could have answered them satisfactorily. Could the old school candidates have answered the homœopathic questions? I believe not. There you have the relative educational difference between the homœopathic physician of to-day and the old school physician of to-day. We are taught all recognized measures required for a medical education, and besides acquire an additional knowledge of homœopathic drug therapeusis, while the old school physician, in spite of much dissatisfaction with his vacillating materia medica, is too prejudiced to investigate the methods of his homœopathic colleagues. The truth is mighty, however, and must in the end prevail.

B. D.: Why don't you use the public press for the purpose of popularizing Homœopathy?

Y. M.: That would be a difficult matter. A more efficient means would be to supply each homœopathic physician with documents or pamphlets, written in plain terms, on the question, and through friends and patients disseminate the truths.

This might be supplemented, as it is now done in Germany, with popular lectures on Homœopathy delivered by competent exponents of the cause to which laymen are admitted, and questions are freely asked and answered.

B. D.: Doctor, when you succeed in doing that do not forget me as one interested in the matter. I will do all I can to help along the good cause.

HOMŒOPATHY; WHAT IT IS AND WHY IT IS SUPERIOR IN THE TREATMENT OF DISEASE.

BY JAMES WALSH, M. D., CORTLAND, N. Y.

In bringing to the attention of that part of the people who have never been blessed with a knowledge of the homœopathic method in the treatment of a disease, many of whom perhaps have been prevented from acquiring a knowledge of the system through a prejudice imbibed from hostile surroundings and teachings, the writer will endeavor to show in an orderly, clear and simple manner the superiority of the system over that of the traditional medical system. He will also show just what Homœopathy is, divested of all the ridiculous and silly things with which ignorance and malice have clothed it, and why it should appeal to intelligent and progressive people.

Ignorance with a desire for knowledge is easily dissipated. Prejudice, on the other hand, is difficult to combat because in the first place it is a hard matter to obtain a hearing, and secondly, prejudice is imbibed, and is never the result of a process of reasoning, rather it attempts to bring reason and logic to the support of a preconceived impression or idea, never to dissipate it. The greatest asset of the prejudiced mind is sophistry; with this it distorts facts, assumes false premises and draws illogical conclusions. In order, therefore, to eradicate prejudice a sincere desire for truth must be cultivated regardless of consequences. Truth is the goal towards which man is always pushing because it is final and immutable.

The dearest possession to the rational man is the thing we call life. All systems of jurisprudence recognize this. It is evidenced in the many and varied endeavors to perpetuate it, from Ponce de Leon, in his quest for the fountain of youth, to the ultra-materialistic scientist, who believes that life is simply a thing of matter and force which may be duplicated in his laboratory. All sincere effort, therefore, directed towards the prolongation and saving of life and relief from the things which militate against it is a boon to mankind and should be recognized and appreciated.

Homœopathy is a system of medical practice perfectly rational and scientific. In order to demonstrate this it will be well to group our facts under certain heads which will encompass the whole subject.

I. Homœopathy, definition and history.

II. How it differs from other systems and why it is preferable.

III. Statistical information.

I. Homœopathy, Definition and History.

What is Homœopathy? Homœopathy is a method of selection and administration of drugs for the cure of disease and the alleviation of its sufferings, which method is based upon a rule or law which is invariable and unchangeable. This is Homœopathy, nothing more or nothing less, and comprises all that is claimed for it. "A homœopathic physician," according to the definition adopted by the American Institute of Homœopathy, the national body, "is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics and observes the law of similia. All that pertains to the great field of medical learning is his by tradition, by inheritance, by right." In other words, the physician who practices Homœopathy is a physician in its broadest sense. He is at liberty to use and does use in the interests of his patients all medical knowledge, to employ any known measure in the curative realm as his judgment may dictate. Homœopathy pertains only to the use of drugs as a therapeutic measure. Other methods utilized in combating disease, such as surgery, hygiene, diet, heat and cold, electricity and mechanical measures, are the instruments of medical men in general regardless of school.

Homœopathy was founded and developed by Samuel Hahnemann, a German physician. Hahnemann was born April 11, 1755, at Meissen, Saxony, and died in the year 1843, at Paris. He began his medical studies at Leipzig, at the age of 20, where he supported himself by translating French and German works into English. From Leipzig he went to Vienna to pursue his studies, and was graduated at the University of Erlangen in 1779. After eight years of conscientious work in the practice of his profession, he became dissatisfied with the existing methods of treatment, which were the result of the lack of a true knowledge of the causes, nature and course of disease and of the action of drugs. He wrote: "I had conscientious scruples about treating unknown morbid states in my suffering fellow creatures with these unknown medicines, which, being powerful substances, may, if they be not exactly suitable, change life into death, or produce new affections or chronic ailments which are often much more difficult to remove than the original disease." Again, speaking of drugs, he says: "And how is the physician to know whether they are suitable or not, seeing that their peculiar modes of action are not yet elucidated?" And again: "To become in this way the murderer or the aggravator of the sufferings of my brethren, of mankind, was to me a fearful thought. So fearful and distressing was it, that shortly after my marriage I abandoned the practice and scarcely treated any one for fear of doing him harm, and occupied myself chiefly with chemistry and literary labors."

In order to understand the mental attitude of Hahnemann let us glance at the condition of medical practice at the time of which he writes. The chief instrument at that time for the treatment of disease was drugs. Little or nothing was known by the medical profession of that period, of surgery, hygiene, diet, electricity, baths, etc., which to-day occupy such a prominent and indispensable position in our methods of combating disease, both as to prevention and cure. Their knowledge of drug action was very crude. It was on a par with their knowledge of the origin and nature of disease. Disease was looked upon as the result of the presence in the blood of certain so-called humors or morbid products, the elimination of which by means of large doses of powerful drugs, the nature of whose action upon the organism was not understood, was necessary to restore health. Thus it was thought that the removal of large quantities of blood from the body accomplished this; therefore, all patients were bled without regard to the nature of the disease which affected them. Large doses of powerful cathartics and emetics were prescribed for the same purpose of eliminating these so-called noxious humors or disease entities. Disease was considered to be a material entity, which had to be destroyed by powerful measures and drugs regardless of the effect on the body of the measures and drugs themselves. Hahnemann, a highly educated physician, an able scholar, a close observer, an original thinker, and a deeply conscientious and religious man, saw the dire results to humanity of this mode of treatment which was founded upon theories gratuitously emanating from the minds of different individuals and absolutely incapable of demonstration. He, realizing the incalculable harm resulting from this treatment, relinquished the practice of medicine. He did not, however, give up his study. He believed that a rational and scientific mode of drug action existed. While engaged in the translation of Cullen's work on Materia Medica, he was dissatisfied with the author's explanation of the action of Cinchona bark (from which Quinine is obtained) in malarial conditions. He resolved to test the action of the drug upon himself while in perfect health. To his surprise he found that the drug produced the symptoms of malarial fever, including chills, fever and sweat, which corresponded to the exact symptoms for which it was prescribed in disease. The result of this experiment, like the falling of the apple to Newton, started his thought in the direction of obtaining a knowledge of the exact action of drugs upon the human economy, and he carried it to a successful conclusion. He experimented in the same manner with a large number of drugs and found that each produced certain morbid symptoms peculiar to itself. He examined carefully the records of the action of poisonous drugs upon the human organism when taken in poisonous doses, and thus collected into one complete whole the grosser and finer shades of drug action. Following out the experiment he also found that the drug, when given in sufficiently small doses to prevent producing an aggravation, cured diseases which exhibited the same symptoms as those produced upon a healthy individual by the drug. All of this was demonstrated only after long, laborious and painstaking experiments. As the result of these experiments Hahnemann formulated the following propositions:

1. That the rational mode of ascertaining drug action upon the human economy is by testing them upon a healthy person.
2. That the curative properties of a drug corresponds to its disease-producing properties upon the healthy human organism.
3. That as a necessary consequence of the first two propositions the drug must be administered in such a dose that will not excite too great an aggravation of the existing or natural disease.

From the first two propositions he formulated the law of "Similia Similibus Curentur," or "Let likes be treated by likes," which is the homœopathic rule of drug therapeutics.

Now as the knowledge of drug action is obtained by a proving of drugs singly upon healthy individuals a natural corollary of the law would be that only one drug should be used at a time in treating diseased conditions. Two or more drugs used together would scarcely be rational practice, since a knowledge of their combined action has never been obtained in provings.

To recapitulate: Homœopathy is a therapeutic law whose expression is found in "Similia similibus curentur." It is based upon the fundamental principles:

1. That drug action is known only by provings upon healthy human beings.
2. That the curative properties of a drug correspond to its disease-producing properties.
3. That only sufficient of the medicine should be given to effect a cure.
4. That only one medicine should be used at a time.

This is, in brief, the definition and history of Homœopathy. Many absurd and ridiculous statements relative to its practice have been said and written through ignorance and malice. The history of medical practice since its beginning has been one of intolerance of anything which was in opposition to the existing ideas or system, and is not one that we can look back upon with complacency. Dr. Harvey, who demonstrated the circulation of the blood, probably the greatest epoch in medical history, was persecuted, reviled and almost driven from practice. The introduction of Peruvian bark, from which we obtain quinine, into medical practice, was brought about only through "great tribulation." Vaccination was ridiculed by the profession. I cite these instances to show why it was impossible that the teachings of Hahnemann could not but excite ridicule, scorn and persecution from his brothers in the profession. The opposition to the homœopathic method to-day by the allopathic physician is due to the prejudice imbibed from his professors and perpetuated through ignorance of the method or the lack of courage to acknowledge the truth of a principle they so long persecuted.

The age we live in is progressive. It applauds conscientious work along any line of human endeavor. The truth of the homœopathic method is surely becoming recognized by the medical profession in general. A strong factor in bringing this about has been the attitude of the people who long have recognized the value and efficacy in homœopathic treatment.

2. How It Differs From Other Systems and Why It Is Preferable.

In writing under this caption the comparisons will be made necessarily with the dominant or the traditional system of medicine as related to drug therapeutics. This system we will denominate the allopathic system, since it is so known in the popular mind. Before, however, pointing out the manner in which the homœopathic administration of drugs and their effect upon disease, differs from the allopathic, it will be well to show how the homœopathic and allopathic physician resemble each other and thus dispose of certain false ideas with which a certain part of the public have been imbued. The status of the homœopathic physician has been misrepresented in many ways, and many foolish and silly things have been said by ignorant or malicious persons to prejudice the popular mind against him.

In the first place, all regularly graduated physicians of whatever school are equal before the law. In all the States laws exist which regulate the practice of medicine and surgery. The requirements under these laws are the same for the homœopathic and the allopathic physician. In a majority of the States the medical schools are under the direct control and supervision of the State, which fixes a standard of general and medical education with which all medical schools must comply. Under this arrangement the general educational requirements preliminary to the study of medicine, also the general medical education necessary to equip a student for the responsibilities of medical practice, are the same for the homœopathic and the allopathic schools. Therefore, a student in a homœopathic school must be as well grounded in anatomy, physiology, chemistry, surgery, diagnosis, etc., as is the allopathic student. They are required to pass the same examinations before their respective State boards before license to practice is granted. In other words, all medical students and physicians are equal before the law, and all must comply with certain regulations, educational and otherwise, regardless of the fact as to whether they are homœopathic or allopathic. Therefore, the homœopathic practitioner understands surgery, diagnosis, history and treatment of disease and other auxilliary sciences as well as the allopathic physician. His knowledge, therefore, encompasses all that of the allopath, and, *in addition*, the knowledge of the science of homœopathic therapeutics. He prescribes his drugs, where drugs are available, according to the homœopathic method, because he knows it is scientific, accurate and according to a definite law, also because his experience has taught him that it is productive of the *best results* for the sufferings of humanity. Remember, homœopathic as well as allopathic physicians are men of wide medical education, with trained minds and animated by the same lofty aim to relieve the sufferings of humanity.

Now as to the differences in the methods of the two schools. It lies chiefly in the manner of prescribing and administering drugs.

The first and most natural objection of one unacquainted with Homœopathy is the small dose. He says, how can the small amount of medicine you prescribe have any possible effect in disease when a well person may take a whole bottle without any deleterious effects? This is a fair question, and the explanation is made clear and convincing only after a correct knowledge is obtained of the principle upon which the drug is given.

The allopathic physician gives his drugs for their physiological effect, which means that the drug must produce a marked impression, discernible to the senses, upon the organ or tissue upon which it is expected to act, and, as a rule, the effect of the drug must be the opposite of the condition existing in the body, or the disease. In order to obtain his effect the dose must be a large one; thus, if he prescribes for constipation he gives a drug that will produce a diarrhœa, and thus force an action of the bowel, ignoring or not discerning that the constipation is not the disease but simply the effect of the disease. Therefore, when the effect of the cathartic passes off the constipation remains because the drug produced an artificial disease only, and the cause producing the constipation was not affected. The homœopathic physician instead of prescribing a drug that produces a condition dissimilar to the natural disease gives one that produces a condition similar to the natural disease; thus, when he prescribes for constipation he selects a drug that will produce a constipation if given in the same dose as the allopathic physician gives, or the physiological dose. The dose prescribed according to the homœopathic method must necesarily, therefore, be small to prevent an aggravation of the natural disease from the drug effects.

Now the next logical question would be, "Why does medicine administered according to the homœopathic method cure better than that administered according to the allopathic method?" It should first be borne in mind that all or nearly all drugs are poisons to the human economy whether in health or disease, and are powerful alike for evil and for good. When, therefore, a drug is introduced in the system in a large dose it acts as a decided irritant which is manifested by the symptoms it produces. These symptoms are known as the primary action of the drug. The secondary action consists in the effort of the organism to compensate for the violence done to it by the primary action. Thus the effect of Epsom salts when taken into the system is to set up an active diarrhœa, which is brought about by the irritation it produces upon the nerve centers which control the secretions of the intestinal glands and the muscular fibres of the walls of the intestines. This represents the primary action of the salts and is the effect of the organism to rid itself of the drug. After the effects of the drug has passed off, or the diarrhœa has ceased, we get an aggravation of the constipation; this is due to the effect of nature to compensate for the violence done to the organism by the primary action of the drug, and constitutes the reaction of the organism. It is this action which explains why the opium habitue must constantly increase the dose to obtain the effects he desires, also why the individual suffering with constipation must gradually increase the amount of the drug to obtain cathartic effects.

When the drug is administered according to the homœopathic method, the irritation is set up along lines similar to the natural disease, and the dose being only sufficient to make an impression, the reaction of the organism effectually rids itself of the drug disease and with it the natural disease. If a large dose were given according to the homœopathic method it would greatly aggravate the natural disease and thus exhaust the powers of the organism with consequent failure of reaction. With the allopathic method the reaction of the organism, or the curative action, is not in consonance with the natural disease. With the homœopathic it is.

Allopathic doses over-stimulate and exhaust the reactive powers of the organism which is already weakened by disease. Homœopathic doses, being just sufficient to get an impression, stimulate without exhausting. So much for the small dose.

Allopathic doses frequently produce derangement of the digestive organs, thus adding a new disease to the already diseased body and interfering with proper nutrition. The effects of drugs upon the system is as much a disease as is a natural disease. These effects of the drug disease are measured only by the nature of the drug, the size of the dose and the frequency of its repetition. The system acts promptly in ridding itself of drug disease, but its reactive power is exhausted by a powerful drug, in large doses and frequently repeated. The homœopathic dose being small produces no digestive or other disturbances, and its effect is easily dissipated by the organism.

The allopathic method of treating disease consists in treating individual symptoms as they arise in the course of a disease. Thus, in the course of a typhoid fever it often becomes necessary for the allopathic physician to administer a drug to combat the delirium, another drug to strengthen the heart's action, still another to act upon the gas which has accumulated in the intestine. These three conditions are usually present at the same time, and the patient is getting three or four different drugs simultaneously. This method is unscientific because the physician is ignorant as to the manner in which the different drugs react upon each other when taken into the body, and is, therefore, unable to distinguish what symptoms are the effects of the natural disease and what the result of the drugs. The homœopathic physician in making his prescriptions must take into consideration the whole aspect of the case, including the individual peculiarities of the patient and the disease, and select one drug whose action upon the healthy organism closely approximates the disease picture. *This is scientific because his knowledge of drug action is absolute, inasmuch as it is determined by experiment upon the healthy body.*

According to the allopathic method, before intelligent treatment can be instituted, a diagnosis of the disease is absolutely necessary. The allopathic boast is that it treats conditions not symptoms; but when, after the condition is ascertained, it immediately reverses itself and treats individual symptoms of the condition, as illustrated in the case of typhoid. Now it not infrequently happens that the diagnosis of an illness is obscure to the most skillful physician, and a number of hours or days may elapse before it is made certain, and occasionally it happens that the diagnosis is never made. Thus, when the diagnosis is the *sine qua non* of intelligent treatment much valuable time is often lost in waiting for the diagnosis to develop. The physician is thus groping in the dark, and it may mean the life or death of the patient. The homœopathic method treats intelligently from the beginning regardless of the diagnosis because it selects a drug which covers the symptoms that the patient exhibits, these symptoms being the voice of the disease crying for help. Now I would have you understand that the diagnosis of the disease is necessary for continued intelligent treatment, also for prognostic purposes, whether the treatment be homœopathic or allopathic, but the homœopathic physician, following, as he does, a definite law in the selection of his remedies, is able to institute proper and intelligent treatment from the start and save valuable time.

Acute diseases, such as pneumonia, typhoid fever, scarlet fever, etc., are what are called self-limiting diseases, which means that the disease will either get well or go on to an unfavorable termination regardless of whether any medicine is given or not. Now the best allopathic authorities are a unit in their testimony that medicines given according to their method have absolutely no influence upon these diseases; their treatment consists in attempts to sustain the strength and natural powers of the patient until the disease process has worn itself out. Homœopathic authorities, on the other hand, positively assert, and have abundant clinical proof in support of the assertion, that medicines administered according to the homœopathic method unquestionably influence the disease process itself and thus modify the severity and duration of the disease, and not infrequently aborts the whole process in its inception.

The allopathic method of drug administration, based as it is upon theories of diseased conditions and drug action, is unreliable, since these theories are often drawn from false premises, consequently the system has no stability. A drug is lauded today as a specific for a certain disease, but tomorrow it is discarded as worthless when the theory upon which its administration was based has been proven false, or when it has been demonstrated that the drug has done more harm to another organ than the good it has accomplished. The homœopathic method, based as it is upon a definite law, is unchangeable, and its efficacy is strengthened by facts developed by modern scientific research.

The foregoing are some of the most important differences between the homœopathic and the allopathic method of drug administration, and clearly demonstrates the superiority of the homœopathic method.

One is in consonance with the natural activities, the other opposes and exhausts.

One attacks the diseased part directly, and that part only, the other attacks organs not diseased and sets up a new disease in them, thus weakening an already weakened body.

One treats the patient, the other the disease or its effects.

One has an intelligent grasp on the treatment from the beginning, the other depends wholly upon the diagnosis for its treatment, and the diagnosis may be wrong, thus doing more harm than good.

One positively asserts that it can control, modify and abort disease processes, the other admits that it cannot.

The best and most progressive men in the allopathic profession to-day are discarding the use of drugs, with a few exceptions, claiming that administered as they are, according to the allopathic method, it is questionable whether they do not tend to do harm rather than good. They have lost faith in drugs and rely principally upon hygienic and dietetic measures for effects. In this mental state of disbelief in medicine they are constantly augmenting the sphere of surgery and narrowing the sphere of pure medicine. These are facts which may be confirmed by consulting allopathic books and journals.

The homœopathic physician has an abiding faith in his medicines. Brilliant results are his daily experience and strengthen this faith in his tried instruments. While he recognizes that surgery is necessary in some cases, he limits its field as much as possible, and does not use it because he knows no other way.

3. Statistical Information.

In the United States to-day there are over sixteen thousand homœopathic physicians. In this body, besides the general practitioner, are represented every specialty in medicine. Homœopathic physicians fill places of trust and responsibility in every State in the Union. They are all progressive and aggressive citizens in the localities in which they are established. The clientele of the homœopathic physicians are numbered in the millions and are found among the enlightened and progressive classes of our people.

In this country there are eighteen homœopathic medical colleges, thirty-two medical journals, eighty-five general homœopathic hospitals, sixty sanitariums, fifty-six dispensaries and sixty-six other institutions, State and municipal, where homœopathic treatment is used—all in a flourishing condition. Homœopathic hospitals and institutions are maintained in all countries of Europe and in many countries in Asia, particularly in India. All of this has been brought about within the past one hundred years in the face of the most bitter opposition of the traditional school of medicine, whereas the history of allopathic medicine covers over two thousand years.

Some cynic has said there are three kinds of lies, viz., white lies, plain lies, and statistics. No doubt the fellow was partially correct, but he was also partially wrong, and upon this latter aspect of the statement it can be truthfully said that abundant statistics prove that wherever the homœopathic and allopathic systems have been tried side by side in institutions and hospitals, the mortality has always been largely in favor of the homœopathic system.

Homœopathy has left its impress upon medical thought, and has brought about important and decided reforms in medical practice. The barbarity of heroic and poisonous doses of powerful drugs, the wholesale bleeding of patients and the puking and purging which Hahnemann in his almost inspired foresight railed against, has passed away. Hahnemann was a hundred years ahead of his time. His marvelous insight into the causes and nature of disease has been practically confirmed by modern scientific medical research, and sharply displays his wonderful intellect.

Homœopathy fills no asylums with its drug victims. It stands confident and strong with a firm faith in its resources and its ability to cure the ills of the flesh in a manner easy, gentle and permanent. Whoever has not tried the homœopathic method to restore his lost health has only half tried.

Gynaecology.

SUPPURATIVE SALPINGITIS WITH OBSERVATIONS ON THIRTY-FOUR CONSECUTIVE CASES OPERATED WITHOUT FATALITY BY THE ABDOMINAL ROUTE.*

BY T. L. MACDONALD, M. D., WASHINGTON, D. C.

Sometimes we write a paper because we wish to, at other times because our president insists upon it. As a general proposition, it may be stated that pus in the Fallopian tube is the sequel of an ascending endometritis, and hence puerperal infection, miscarriage, abortion, gonorrhœa, vaginal and cervical erosions are constantly found as a cause, directly or indirectly. As to how uteri become infected we need not marvel. What may be regarded as one of the commonest sources of pelvic infection I have never seen mentioned. Man is forced by the circumstances of modern living to defile his pockets with different varieties of money, reeking with filth from the innumerable dirty hands and perhaps infected mouths which have held it for a time. Bacteriological tests have frequently shown that currency is contaminated in an extreme degree, and consequently the pockets of the husbandman becomes breeding places for mixed infections, and are practically in contact with his person; but nowhere have I seen him advised that for social and sanitary reasons he must bear this in mind and act accordingly in order that marital relations may not be the means of contaminating his own wife. On the other hand we are told on all sides that the veriest outcast in our hospital wards must not be treated or examined except with sterilized instruments and fingers.

A recent review of our records shows that we have an unreported series of thirty-four cases of purulent salpingitis, subjected to abdominal operation without a fatality. The fact that all recovered is not due alone to improvement in methods, but in part, at least, to the fact that men who do not operate, at least, recognize the lesion and necessity for operation before it is too late. It gives me great pleasure to concede this because for years there has been continual scolding because the surgical aspect of the case was neither recognized nor operated early enough.

I shall refer to clinical cases because it is advisable to extract an item of information from every item of experience. Of the thirty-four cases, eighteen were married, sixteen were single. In six the attack dated from a miscarriage, three from abortion, nine from puerperal infection. In some instances a clear history could not be obtained. In eighteen instances the pus sac ruptured while being dug out of the pelvis, eleven were drained, fourteen had a pus tube on each side, eight were left-sided, and twelve were on the right side only. It will be seen, therefore, that the right tube was involved in twenty-six our of the thirty-four cases. And now we come to a practical point, and that is, that the appendix was seriously involved in twenty-four.

Four years ago I had the honor of presenting a paper here in which I stated that it was quite likely that our estimate, that five men had appendicitis to one woman, was erroneous, as it was very probable that the additional blood supply to the appendix in woman scarcely preserved as many appendices as the infected tubes succeeded in destroying. A few weeks ago I requested Dr. Silvers to operate for me in the case of a woman suffering from a bullet wound of the abdomen and multiple intestinal perforations. While working upon the intestines he had an opportunity to examine the appendix, and found it perfectly normal. The patient was evidently suffering from an abortion, as shown by a foul uterine discharge, with slight evidence of milk in the breasts. She became quite septic, and was properly curetted by Dr. Silvers, without affording any relief. Four weeks from the time of the first operation I operated her for a rapidly developing pus tube on the right side, and intimately mixed with the purulent mass was the appendix, which a short time previously had been found perfectly normal.

This case and the additional data provided by this series bear out the truth of the statement quoted from my former paper, and emphasizes the necessity of giving preference to the abdominal route in the majority of cases.

I do not condemn the vaginal operation, for in reviewing the records for the same period in which the above series occurred I find that there were seventeen additional cases which were operated through the vagina.

Symptoms and Diagnosis.

I shall not attempt an enumeration of all the symptoms, but will touch briefly upon the more important. There is generally a history of leucorrhœa, gonorrhœa, miscarriage, abortion or puerperal infection. Tenderness and muscular rigidity are valuless as aids to differential diagnosis, for they are persistent and characteristic of any intra-abdominal organ affected with peritonitis. What we first recognize in salpingitis, oophoritis, appendicitis or a combination of these, is the secondary peritonitis. In streptococcic infection the attack is quite likely to date from a confinement, miscarriage or careless intra-uterine or vaginal treatment, and is usually more sudden and severe than if caused by gonococci. The frequency of the latter variety of infection may be judged from the fact that in one series subjected to bacteriological examination the gonococci were found in 33 per cent. of the cases.

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*Read before the Washington Homœopathic Medical Society, March, 1905.

The pains of pyo-salpinx are quite constant in the illiac regions, on one or both sides, above the middle of Poupart's ligament, and are intensified by motion and by the accumulation of gas, urine or fæces. In the acute cases the pains are variously described as lancinating, throbbing and burning. The pains often pass down the thighs and somewhat upward into the back, and are due to the pressure of the pus on the crural nerves.

This pain is promptly relieved by the evacuation of the pus. There may be pain in the rectum. Pus sometimes gushes periodically from the uterus; gastric and menstrual symptoms are frequently prominent. In the subacute or chronic variety the patient moves cautiously, in a somewhat crouching posture, often with the hands spread over the lower part of the abdomen, to prevent jarring. Even though able to "get about" she has an anxious expression, is pallid or sallow, and she has usually lost weight and strength.

I do not look for chills, high fever, tympanites, intense pain and drawn up knees regularly. There is not one symptom, the absence or presence of, which proves or disproves the existence of peritonitis. We must base our diagnosis not upon pain, but, above all and beyond all, upon the localization of tenderness, soreness, rigidity and tumefaction.

In at least one-half of the cases in this series it was impossible to detect fluctuation, for the sac and its various layers of exudate and adhesions are often so dense and hard that fluctuation cannot be detected even after the abdomen is opened. A conglomerate inflammatory and suppurating mass presents itself, so intimately adherents to the uterus, as well as all contiguous structures, that it is recognized with difficulty. It is often so large, thick and dense that in the absence of any normal anatomical detail, it is easily mistaken for a sub-peritoneal fibroid. In fact, I have seen one of the most experienced pelvic surgeons in the country implant a corkscrew into a pus tube preparatory to the removal of what he supposed was a fibroid. The escape of pus told the nature of the tumor, which he then successfully enucleated.

The mass will usually be found laterally, to the uterus or occasionally it may be found in front of the uterus, rising prominently above the pubis. At other times the pus tube will be found prolapsed into Douglass's cul-de-sac. It is well to remember that no lesion in the female pelvis presents a higher degree of sensitiveness to the examining finger than a pyo-salpinx.

I shall omit reference to the palliative measures, trusting that one or both of the other papers may introduce that phase of the subject.

If pus exists anywhere or ever without evidence of satisfactory drainage, operation is indicated.

In addition to the possibility of rupture of the pus sac, followed by general peritoneal infection, there is the far greater danger of detaching septic thrombi from the suppurating area. These pass readily into the pelvic veins, which, in turn, empty into the portal vein and thence to the liver, and we then have a serious and generally fatal systemic sepsis. The detachment of such thrombi is materially aided by muscular movement, falls, pressure, manipulation or massage. Chill followed by a rapid rise in temperature is not infrequently the evidence of the entrance of septic material into the portal system, and hence into the general circulation, and in some of these cases, as in puerperal sepsis, enucleation of the pus sac, evacuation, tamponade or drainage may exert no practical influence upon the progress of an oftime fatal malady. This intractability is due to the fact that portions of the delequescing thrombi from the septic pelvic phlebitis, find their way into the general circulation, and the morbid processes have passed beyond the reach of local measures.

I do not believe in massage for these cases of suppurative salpingitis, although recommended by one of the most prominent gynæcologists in the world, a colleague of Dr. Osler, and recommended before he reached the "dead line." Massage, which is expected to press the pus out of the tube and into the uterus, is a measure well calculated to aid in the production of such harmful and helpless sequelæ as I have just referred to. .

The essential treatment is the extirpation of the pus tubes. I find that in the cases of long standing the pus has gravitated through the floor of the sac and is lying against the pelvic walls, and for this reason when the sac is peeled out nothing remains of it in this spot, and hence the pus escapes. But even in these instances I seldom drain. I believe in thorough extirpation and irrigation, after which about the only use I find for the gauze pack is to check oozing from raw surfaces.

So many of these pus cases were closed without drainage that it induced me to close the abdomen in a number of cases after operating for suppurating and perforating appendicitis, without ever having cause to regret the procedure.

In several instances where the ovaries could not be saved from the purulent mass, a portion of the sound area of the ovary was implanted beneath the peritoneum with the hope of delaying or modifying the suddenness of the menopause. While many of these cases could not be followed, it is gratifying to state that among those who are under observation not one presents the slightest resemblance to the physical or nervous wrecks which some might expect them to be.

VIBRATORY MASSAGE IN GYNÆCOLOGY.

BY CORDEN T. GRAHAM, M. D.,, M. E., ROCHESTER, N. Y.

I wish to report two cases which have derived benefit under a comparative new form of treatment.

The first case is a patient 21 years of age. When she came to me she presented the following important symptoms: There was constant backache in the lumbro-sacral region, which caused her to be extremely nervous; she had a severe headache in the occiput or neck most of the time; with this there was a very profuse and offensive leucuorrhœa, which was so excoriating that the parts about the vulva were sore constantly.

Upon examination, I found the patient to have a posterior displacement of the uterus. This condition, she said, had existed with her for two years, and she had taken dozens of treatments for it from a prominent allopathic physician, consisting entirely of tampons and drugs. Acordingly I did not try the same, but employed another method. This consisted of vibratory massage.

I employed a vibratode which was inserted per vagina, and held so that it pressed against the broad ligaments, first one side and then the other. In this way the ligaments are directly massaged, and in a comparatively short period can be made to resume nearer their normal tone so that where the uterus has been displaced by relaxation or weakness of the ligaments, they can in a great many cases be toned up and thus shortened, bringing the uterus back nearer to its normal position. This patient received the vibratory massage every day for the first two weeks, then every other day for the next four weeks, taking out a few days for the menstrual period. After each massage with the atomizer attachment of the nebulizer the uterus and vagina were sprayed out with a 25 per cent. solution of Glycothymoline.

Before the end of the second week the offensive leucorrhœa had entirely ceased, and the backache became less. Before the end of the six weeks' treatment all symptoms had disappeared, her uterus was in normal position and her last menstruation was normal. Previously she had always been compelled to go to bed at this period on account of the lumbro-sacral pain and weakness from the profuse menstrual flow.

It has been over a month now since she was treated, and upon communicating with her yesterday received the statement that she never felt better in her life.

I wish here to mention another case of a woman, 30 years of age, who was treated about the same time for a period of four weeks. She had a very bad posterior displaceemnt of the uterus with a profuse leucorrhœa, and the same kind of backaches as the previous case. Under the vibratory massage and Glycothymoline treatment she has been so relieved that she is able to resume her work with comfort. Therefore, it can be seen that although the uterus in these variety of cases are not brought back entirely in their normal position, relief from those terrible backaches and nervous symptoms can be obtained at least by giving a series of treatments long enough to lift the uterus from its pressure upon the sacral plexus.

Vibratory massage is a form of treatment that seems to be becoming in vogue more and more every day, and if used in the proper places there is no reason to believe why it will not cure conditions that drugs are unable to reach.

Neurology.

THE POLYNEURITIC PSYCHOSIS.

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In 1887, Korssakoff described a group of symptoms to which he gave the name of "the polyneuritic psychosis." Since that time various names have been given to this condition, such as Korssakoff's disease, Korssakow's disease and Korssakoff's psychosis. Previous to Korssakoff's paper, various writers had mentioned mental symptoms which occasionally were observed in cases of multiple neuritis, but no especial importance had been attached to them.

Following his article, considerable discussion arose as to whether the condition he describes could rightfully be considered a disease entity or not. A consideration of this discussion has no place in this paper, it will suffice to say that during the past few years the weight of evidence is decidedly in the affirmative. Coincident with the discussion, considerable attention has been paid to these cases and a number of contributions on the subject have appeared from time to time, especially from European writers. In some of the later text-books a brief description of the disease may be found. As yet, little has been added to the original work of Korssakoff.

Etiology.

All are agreed that the disease follows some form of intoxication. The nature of the toxic agent has not been determined in all cases. Some estimate that as many as three-fourths of the cases are of alcoholic origin. It is certain that a history of alcoholism is present in most of the cases, but some have been observed in which this factor was excluded absolutely. The non-alcoholic cases have been observed to arise from the same causes that produce multiple neuritis. Prominent among these are typhoid, tuberculosis, arsenic and lead poisoning. The question has been raised, in the alcoholic cases, whether the toxin is not a result of secondary metabolic changes, or in some cases, the result of an acute infection superimposed upon an alcoholic condition. No one has yet appeared who is willing to deny, in the great majority of cases, the foundation upon which the condition arises is laid by the prolonged use of alcohol. The polyneuritic psychosis is a disease of middle life and occurs more often in men than in women. The greater prevalence of alcoholism among men probably accounts for this.

Pathology.

The pathological changes in the peripheral nervous system are similar to those found in multiple neuritis. Some work has been done upon the central nervous system and varying findings are reported chiefly such as are associated with acute and chronic alcoholism, arterio-sclerosis and the acute infections. As yet not enough systematic study has been devoted to it to define distinctive pathological changes.

Symptoms.

These are fairly well defined. Physically, we find the symptoms of polyneuritis more or less well marked. At times there is insomnia and nocturnal unrest. The general nutrition may fall below normal. Tachycardia, dyspnœa and vomiting have been observed in a few cases. The mental symptoms are characteristic. A memory defect, more especially for recent events, associated with a tendency to fabricate and fill in the memory gaps, is the most striking. The patient is unable to fix things in mind. Daily events are forgotten almost as soon as they occur. This memory defect usually includes the time from the onset of the disease, but may go far beyond this time. The appreciation of the passing of time is lost. A period of years may be dropped out of the patient's life, and the gap thus produced is filled in with various fabrications of events, work done, visits, etc. The patient will go into detail when producing these fabrications. Usually by adroit questioning the trend of thought can be influenced. These fabrications are soon forgotten, and when the patient is questioned later along the same lines, an entirely new lot are elaborated. With all this profound memory disturbance, the patient has little difficulty in grasping what is said to him. Because of this fleeting memory, the most contradictory statements may be made to him in a short space of time, and not be recognized. He is usually uncertain of his environment. At first he is likely to be anxious and restless, later, usually indifferent, but at times irritable, fault-finding and excitable. Hallucinations, more often of vision, are of frequent occurrence. His behavior is orderly except when excited. The poor memory usually prohibits the patient from making any attempt at self-employment.

Diagnosis.

Several diseases may present a phase which resembles Korssakoff's more or less closely. The following differential points have been found to be of value. General paresis is the principal source of trouble. Here the onset is slow, and although variable, is, in the main, quite typical. Characteristic physical signs are usually present, including the speech and writing defect. The preservation of the general intelligence speaks for Korssakoff's disease, but the memory defect is apt to be more marked with it. It must not be forgotten that neuritis may be associated with paresis. In senile dementia there are occasional episodes of confusion which resemble this condition. In dementia we have a distinct limitation of the stream of thought, foolish excitement, obstinacy, an absence of neuritis and well-marked senile physical changes. At times it is hard to say where delirium tremens leaves off and Korssakoff's disease begins. In such cases the physical and mental symptoms are much the same. The persistence of the mental symptoms beyond the time when the alcoholic delirium should clear up makes the diagnosis somewhat easier. The differentiation from the delirium of acute infections may present a difficult problem. The continuation of the delirium after the crisis has passed and its gradual replacement by the memory defect is said to be indicative of the graver condition. Finally, it is claimed that the onset of Korssakoff's disease, in a stuporous condition, at times resembles meningitis.

Onset and Course.

The onset is rapid, as a rule. In the alcoholic cases it may occur fast upon the course of delirium tremens, gradually in the course of chronic alcoholism, or immediately after an acute infection in a chronic alcoholic. In the non-alcoholic cases it appears gradually after the crisis has passed (febrile cases), or as the neuritis becomes established (toxic cases). Usually the delirium of the condition with which it is associated is gradually replaced by the memory defect, the other symptoms following. The neuritis may be of slight degree or even absent, especially so when the case comes under observation. Cases have been reported in which the neuritis was conspicuously absent. In the severer forms the attack is sometimes ushered in by a stuporous condition.

Prognosis.

A fatal prognosis depends much upon the severity of the neuritis. As this disappears the danger to life is lessened. Occasionally the stuporous forms die of exhaustion. The cases ending in recovery run a protracted course varying from six months to a year or more. Some writers claim that a complete recovery is not to be hoped for, but this seems not to be borne out by the facts. A few recover to the extent that they are able to resume their former duties. A good percentage make such progress that they return to their homes and engage in the simpler mechanical occupations. Many make little or no progress toward recovery, and require constant care. The alcoholic cases offer the most unfavorable prognosis.

Treatment.

In the alcoholic and toxic cases the withdrawal of the toxic agent is always indicated. Those cases coming on after acute infections should receive treatment for the primary condition until that is well out of the way. Bed treatment is essential early in the disease. The neuritis should be treated according to the best established principles. A simple nutritious diet is best. The bowels should be kept clear. Special bathing and massage may be indicated. As the patient's strength returns gradual exercise should be instituted. The remedial treatment must of necessity be symptomatic. These cases may be cared for in private houses, provided the proper facilities and nurses can be secured, but to my mind a hospital or sanitarium is a more suitable place, at least until the more acute stages have passed. Custodial care sums up about all that can be done for the chronic cases.

The following illustrative case is presented:

D. S., female, age 51, admitted February 2, 1904.

Family History.

Mother was insane, dementia terminal, died at the age of 72. Two sisters died of consumption.

Personal History.

(Information meagre.) The patient is of English birth. She came to this country when a girl. She received little education; passed a normal childhood and youth, and married early. Her husband died soon after marriage; after supporting herself for some years she again married. The second husband drank considerably, and was unkind to her.

There were no children by either marriage. She learned to drink with the second husband (?), and after his death, ten years ago, she became intemperate, drinking to excess for the past few years. For about ten years she has lived the life of a prostitute, and of late years has frequented low resorts. Her neighbors have considered her "queer" for some time, but laid it to intemperance. No history of former illnesses was obtained.

Onset of Psychosis.

Five weeks before entrance to the hospital she developed delirium tremens, and was treated in a general hospital. As this condition cleared up it was noticed that her memory was poor. She had frequent short periods of depression, would wander aimlessly about the ward bothering other patients. When put in bed because of this and a restraint jacket applied, she shought it was a pneumonia jacket, and kept very quiet, thinking herself quite ill.

Physical Examination.

A woman of large frame, well developed and nourished, apparently in fair physical health. The facial expression is vacant when she is left to herself, but quickly becomes animated when she is spoken to. The patient flushes when addressed. She complains of a slight frontal headache and a "cold in the head." She is unable to detect the taste of a quinine solution and cannot detect or differentiate strong odors. The knee jerks are absent. There is a fine tremor of the extended fingers. A light sleeper. Bowels sluggish.

Mental Status.

She adapts herself readily to her new surroundings, is easily approached, and answers questions readily, atlhough inclined to banter. While usually cheerful, she becomes quite depressed at times. At such times a few pleasant words from the nurse will bring out a smile, and in a few moments her sadness is gone and forgotten. When left to herself she sits quietly in a chair or remains in her room. If asked to go to a certain place in the ward she becomes perplexed, and finally confesses with a smile that she does not know where the place is. She does not know just where she is, but is sure that this place is a hospital. She has no idea of how long she has been here. She speaks and writes of the present date as 1892, and thinks that her husband and mother are living (both are dead but were living in 1892). In a later conversation she spoke of her mother dying "at the asylum," and of her husband dying some years before (both statements correct). She is unable to tell the month, the day of the week or the month, or the time of day. She forgets what is said to her almost as soon as it is spoken, and expresses the same surprise when it is told over and over. She is unable to find her bed, the water cooler, the dining room or her place at the table. When asked to tell what went on in the ward yesterday she readily fabricates a plausible story of various events that never happened, and which are little likely to occur on a hospital ward. She is unable to state from where she came to the hospital, but fabricates a situation, as well as the way in which she came. She gives the name of a town in which she formerly lived, and denies ever having lived in the town from which she actually came. She retains things learned at school fairly well. She does simple problems quickly and correctly. She states that Cleveland is President, and that King Edward is King of England. She has no insight into her mental condition.

Course.

After a few days she was allowed the liberty of the ward. She would wander aimlessly about and become lost. When asked what part of the ward she was in she confessed that she did not know. In six weeks she had improved to such an extent that she was able to get about the ward alone. She was given some light work to do, but became quite confused over it, and seemed to fall back into much the same condition that she was in upon entrance. In ten weeks she was able to wash dishes under supervision. She could not remember names, but knew what some of the nurses' duties were. She remained pleasant and agreeable, but was inclined to laugh too easily. Seven months after admission she had no difficulty in getting about, and was a fairly competent and willing worker. Each day she assisted an elderly patient out of doors and looked after her. She was able to tell the day of the week and the month, but could not tell the day of the month or the year. She remembered the names of the doctor and the charge nurse of her ward. She did not know how long she had been here. She continued agreeable and cheerful. Her physicial health was good. At the present time, twelve months after admission, she is quiet and pleasant. She converses readily and coherently. She performs simple duties on the ward without being directed, but the nurse reports that she is quite forgetful if she tries to remember things outside of the daily routine. She reads such papers and magazines as find their way on her ward. She has little grasp of current events, is unable to tell who is president or governor. She remembers having been told that Queen Victoria is dead, and that King Edward now reigns. She states that the date is some time in Dec., 1904 (really Feb., 1905). She thinks that her husband is still living, although she acknowledges that she has had no letters from him. She persists in saying that she came to the hospital from a little town in which she formerly lived with her husband. A short time ago, when her mother death's was mentioned, she became quite emotional, and gave one the impression of hearing about it for the first time. She is beginning to ask frequently to be allowed to return home. She does not think the hospital a proper place for her detention. She states that when discharged from the institution she will return to her husband and take up her duties as housewife. The question of her ultimate recovery is doubtful, but she may improve to such an extent that custodial care will be unnecessary.

Conium.

Is a valuable remedy in night coughs, the patient coughing little or none during the daytime.

Materia Medica.

ACONITE, BELLADONNA AND GELSEMIUM.

BY J. H. WILSON, M. D., BELLEFONTAINE, O.

I have chosen for comparison three of the remedies which I believe to be more used in acute troubles than any other of the many drugs in our Materia Medica, viz., Aconitum napellus, Belladonna and Gelsemium; but don't get the impression that I am going to give you the comparison of these remedies in all their bearings, for that would call forth a book; but if I can bring the main symptoms before you in a manner that you may be able to judge at the bedside which of these remedies you want or to reject all of them and choose from the number of other good remedies we have, then my task will be completed. In making these comparisons I will confine myself to these remedies as near as I can.

The provings show these three drugs to be short acting remedies and are generally indicated in acute congestive and inflammatory conditions. The Aconite and Belladonna seem to be more adapted to cold climate, while Gelsemium is more often indicated in the same complaints, which come on in a warm climate, and the Gelsemium complaints come on slower and are more likely to run into a chronic condition; but you will seldom find it indicated after the disease has assumed the chronic form.

The Aconite patient is generally a strong, plethoric individual with a good circulation, and the diseases where it will be found indicated are very acute and soon over. As Dunham has said, it is a great storm and soon over. There is never the results of inflammation following as these sudden congestions are thrown off by good reaction. We find that intense fear, anxiety and restlessness are the three great symptoms which form the three-legged stool; but I wish to add another, viz., the sudden storm-like coming on, or I may say the intensity, and make a four-legged stool. All the congestive conditions come on suddenly. The brain, lungs, the circulatory and nervous systems are affected suddenly, and are intense and caused generally from exposure to cold, but we may have stomach and bowel troubles which come on the same way caused from extreme hot weather. The violence and sudden coming on of the disease causes the fear, anxiety and restlessness regardless of that organ or part of the body is affected. If you find this condition you want to give Aconite. The symptoms are all intense. The eye troubles, the ear, the fever, the affections of the mucous membrane, the stomach and bowel troubles, the bladder troubles, the coryza, are all marked by intensity. Coming on suddenly and accompanied with fear, anxiety and restlessness, and generally caused from cold. You will find a great many symptoms under Aconite which you find under other drugs, but you will not find any other drug that has these symptoms of Aconite combined as these are.

The Belladonna patient is also a vigorous, plethoric individual. The complaints of Belladonna come on suddenly, run a regular course, and subside suddenly. It affects the whole vascular system. The coming and subsiding suddenly will be noticed all through its complaints, which are not likely to be thrown off in the congestive stage as in Aconite, but go on to inflammatory conditions. Its complaints many times come on suddenly, and are intense as in Aconite. Belladonna has inflammation of all the organs, especially the brain, lungs and liver. About the first thing you notice is the intense heat. The heat conveyed to your hand seems out of proportion to the temperature indicated by the thermometer. The pains, the nightly attacks of delirium, the inflammatory attacks, are all attended with this feeling of unusual heat to your hand. We sometimes have this intense heat in continued fever and Belladonna not be the remedy. Take the typhoid, for example. The slowness of its coming on and going off is not like Belladonna. Excitement runs all through the mental symptoms with more or less violence. It is a wild state. These mental symptoms are often ameliorated by eating. The child when delirious and having the active brain symptoms if allowed to nurse, will be quiet for a little while, when of a sudden on they will come. This is a peculiar symptom, and one I cannot account for, but has been frequently observed. In addition to the intense heat we have redness of the skin. Scarlet red. If the glands are swollen there will frequently be a red spot on them. Throbbing and pulsating marks this remedy. The throbbing may be all over the body. Throbbing carotids. If this condition is not relieved it will pass to an opposite condition, and we will have paleness and stupor. There is marked sensitiveness which runs through all the Belladonna complaints. Sensitive to light, to noise, and especially sensitive to a jar. We have sudden starting whenever the patient goes to sleep; wakes with a sudden start. You will find this in nearly all fevers where Belladona is indicated. It has anxiety similar to Aconite, but has not the restlessness like Aconite, and neither has Aconite the heat and sensitiveness of Belladonna. This sensitiveness is peculiar to Belladonna, and runs all through the proving. In pleuritis patient wants to lie quiet and lies on the well side; the side affected is so sensitive they can not lie on it. Bryonia opposite. Belladonna also has a wonderful action on the circular fibres, therefore, useful in gall stone colic, in plethoric, sensitive individuals with pain coming and stopping suddenly. There is another condition that is well to keep in mind, viz., the congestion extends from below upward, and you find head and face markedly congested and extremities cold. The complaints are ameliorated by rest and aggravated by motion. There is the symptom given of pain from hips down relieved by walking. As long as the patient walks there is no pain, but as soon as he stops walking the pains come on violently. This condition is brought on from exposure of the head and not from getting feet wet. Complaints of Aconite come from getting feet wet. I might go on and give you the headaches, eye troubles, the liver and bowel troubles, and prolong this paper to tire you. They are all the same if you will bear in mind the patient plethoric, full-blooded. The complaints likely to run a regular course, coming and stopping suddenly. The intense heat to the touch, and especially the sensitiveness in all cases. You will, I think, be able to rely on it without alternating it with Aconite or Gelsemium, as I have known many to do.

The Gelsemium patient is not the vigorous, plethoric, full-blooded individual like Aconite and Belladonna patients, but is more what I would call the bilious temperament, slower in action, and its complaints come on slower, and the reaction is slower, but they are mostly congestive, while its use will be mostly found in acute troubles. You will also often find it the remedy in lingering, acute troubles and those bordering on the chronic, but is not the remedy in true chronic disease.

With the cerebral and spinal congestion we have cold extremities. The face instead of bright red is purple, eyes congested with lachrymation, fevers go from intermitting to remitting, and may become continuous. High temperature, hot skin over body and cold extremities. There are frequently a great deal of nervous excitement and complaints from fear or sudden surprises attendant with fright. Then we have the paralytic affections of the sphincters and involuntary stools. Running through all the complaints of Gelsemium we have one grand feature, viz., a tired-out feeling of all the body and limbs, a muscular prostration. There is not much thirst with the Gelsemium patient. Is generally aggravated from motion. The pain is not aggravated, but they feel too weak and tired to move.

In coryza with sneezing and running of water from the nose, we have the cold extremities. May pass down into throat and have redness and tumefaction with hot head and face, but cold extremities, and especially Gelsemium, if there is a paralytic weakness all over. Sciatica with great weakness of the limbs, which comes on slowly, not suddenly, like Aconite, and pains not coming and stopping suddenly like Belladonna. There is nothing peculiar in the inflammation itself to indicate Gelsemium but the delirium, the mottled flushed face, the cold extremities and the muscular weakness. The disturbed sensation, the loss of power in the sphincter muscles would call for Gelsemium in any inflammatory condition.

THE ABDOMINAL SYMPTOMS OF COLOCYNTHIS WITH COMPARISONS.

BY E. E. SNYDER, M. D., BINGHAMPTON, N. Y.

My first thought, on being asked to contribute a paper on this subject, was, it is a hackneyed subject that will not be interesting. Then the afterthought came, that it is sometimes well to review old well known facts and experiences in therapeutics that we may still gather more light and facility in correct prescribing. Old well-tried friends in Materia Medica will often bear, to our profit, a still more intimate acquaintance.

Colocynthis is considered the chief of our colic remedies. Still, it will not cure every case of colic; in fact, there are many cases it will not cure, and it is incumbent upon us to determine which cases it will cure and which will require certain other remedies.

Colocynthis has an agonizing, intermitting pain in the abdomen, causing the patient to bend double, with restlessness and twisting from side to side while the pain lasts, with desire to press something hard upon the abdomen for relief.

Dioscorea villosa is the nearest analogue to Colocynthis from a therapeutic standpoint. They both have agonizing abdominal pain, intermittent or remittent in character, and cover the same pathological conditions of colic, indigestion, congestion or inflammation of certain abdominal tissues as colitis, dysentery, cholera, peritonitis, appendicitis, etc. These two remedies are of about equal value in the treatment of all these painful abdominal diseases, and it is necessary to make a careful, comparative study of their symptomatology that we may differentiate and select the correct remedy.

It has been stated that the Colocynthis pains double the patient up, while the Dioscorea pains compel the patient to bend backwards, but I do not think that this distinction is strictly correct.

I have seen many a patient doubled up with severe abdominal pain get prompt relief and a cure from Dioscorea. I should say that the Colocynthis case is always doubled up with the pains, but the Dioscorea patient may or may not be doubled up with the pains.

We may, however, note other shades of distinction that are more constant and reliable in differentiating between these two remedies.

The Colocynthis pains are confined to the limits of the abdomen and center about the umbilicus, while the Dioscorea pains often extend upwards into the chest, or they may extend into the back or limbs or even to the fingers or toes. The Colocynthis case is always restless with the pains, wriggling from side to side, while the Dioscorea patient is more quiet and rigid in his fixed position. The Dioscorea patient is much more stoical than the Colocynthis case. The Colocynthis case is impatient, complaining and vexed, and makes more or less noise on account of his pains, while the Dioscorea case remains quiet and tries to give as little expression to his sufferings as possible by making a noise.

The abdominal pains of Nux vomica are very severe, but they are not so sharp and cutting as in Colocynthis; they are of a dull, heavy, pressing nature, with much flatulent distension of the abdomen. The gases press the diaphragm upwards, causing a sense of dyspnœa, and they also press downwards upon the rectum and bladder, causing frequent and ineffectual desire to defecate and micturate. This latter symptom is very characteristic of Nux vomica. There is also ineffectual desire to eructate. The Nux vomica case is apt to be associated with acute indigestion caused by imprudent eating of indigestible food, imbibing alcoholics or other irritating substances. The Nux vomica patient does not bear pressure as does Colocynthis. The abdomen has a sore, bruised feeling, must loosen the clothing.

The Chamomilla case is associated with extreme flatulent distension of the abdomen and may be distinguished from other remedies easily by its mental symptoms and intolerance of heat applied to the abdomen.

The Chamomilla case is exceeding irritable, snappish, cross and ugly. Very intolerant of pain, it drives him to despair, he gets angry over it. Can't bear any one near him, wants to drive every one out of the room.

While with the other remedies applied heat is soothing and agreeable, the Chamomilla patient does not bear it; if you apply the hot water bottle to his abdomen he will throw it at your head if he can. [New York Hom. Soc.]

Miscellany.

FOREIGN HOMŒOPATHIC LITERATURE.

EDITED BY P. W. SHEDD, M. D., NEW YORK.

Berlin Notes.

A strong 13-year-old boy had always suffered from enuresis nocturna, commonly two evacuations nightly. Occasionally the trouble would vanish for four or five days. He had oxyures, which did not disturb him particularly, and an adenoid face. That enuresis and adenoids had any connection was not known to the writer at the time, otherwise the enuresis would have been attacked with Sulphur and Calcarea. The only symptom obtainable was a bothersome sticking in the rectum, presumably due to the oxyures. ℞. Nitric acid 6x, gtt. vj, t. i. d. Immediate cessation of the enuresis. Eight days later two relapses. The use of the 30 resulted in irregular relapses, promptly removed by the 6x. Doubtless the remedy will have to be continued until the adenoids are removed by it.

Dr. Kroner reports the case of a workman, highly icteric and miserable, though with no attacks of biliary colic. Cured by Belladonna and Calculi bilis, as were numerous other cases. Dr. Windelband praises Calculi bilis highly, and reports one hundred cures.

Dr. Mende puts all of his epileptic cases on vegetable diet. Dr. Kroner treated two brothers who were free from attacks as long as they remained vegetarians. On mixed diet the epilepsy reappeared. Dr. Gisevius, Sr., commends Cicuta virosa as the great remedy in this disease, but only in an ethereal alcoholic preparation.

Dr. Windelband considers Phellandrium aquaticum the best remedy in phthisis cough, especially when abundant secretion, broncho-blenorrhœa, is present. Dr. Gisevius, Jr., notes the prompt action of Æthusa in the vomiting of infants.

Infectious Disease; Cases by Dr. Gisevius, Jr.; Therapeutic Rule.

An infection is healed more rapidly by the homœopathic remedy the more localized and concentrated the infectious action is upon an organ, and the more quickly a responsive reaction is established in this organ.

Case I. Rheumatic arthritis. Merchant, æt. 22, sick for several days, with temperature 99.5°, pain and swelling of various joints, which bear no movement, active or passive. Skin dry, pulse irregular, about 100; systolic mitral murmur, cardiac dilatation to the left, coated tongue, absolute anorexia, no rest night or day. Face markedly pale and puffed. Examination of the morning urine, scanty, cloudy, showed marked albumin and various casts. Benzoic acid gave unexpectedly rapid improvement in the moderately sick patient, whose danger lay in the complication with the grave renal trouble, which, however, gave the indication for the drug.

Benzoic acid is efficacious in just such cases, where the urinary sphere is implicated in the infection, and its keynote is the strong odor of the urine. Here the remedy cured the swelling, the joint pains, the commencing cardiac complications and the renal trouble in ten days.

Case II. Scarlatina. Boy, æt. 10. The year before his sister had died with the disease. For some days listless and ailing. Since two days unconscious and feverish, lying with half shut eyes, not responding to address or shaking. Skin hot, dry, somewhat red, blue here and there, large red macules. Left throat completely infiltrated. Fauces red and covered with white deposit. Temperature 104°, pulse 130. Scanty urine, lungs not involved. Treatment was carried on with Ailanthus alone and resulted in rapid cure with no complications. The nervous system in this case was especially attacked and demanded a specific remedy.

Case III. Typhoid. Stone-cutter, æt. 25, otherwise healthy. The disease was typical and somewhat grave. Temperature, diarrhœa and nervous symptoms were marked. Under Baptisia the disease progressed favorably. One afternoon in the second week there suddenly appeared severe cerebral symptoms, somnolence, gnashing of the teeth, strabismus, then violent delirium, during which he would try to spring out of bed. Temperature moderately high. ℞. Zincum 6x trit., in water, a teaspoonful every hour. In a few hours the symptoms were ameliorated and disappeared entirely the next day. After this rapid recovery.—Berliner Zeitschrift hom. Aerzte.

Constipation, Cascarilla.

Evacuations preceded by colicky pains, difficult, much straining. Stool hard, crumbly, covered with mucus, dark in color, hard and large and mixed with mucus and blood. Roughness of the tongue, heat in the mouth and bitter taste. Dislike for tobacco, which causes a bitter taste. Empty eructations followed by bitter taste. Sensation of fulness in the stomach, with pain as if beaten, with heat and burning. Tension and pressure in the hypochondria, flatulent abdominal colic, emission of flatus, wind colic, movement as from boiling water in abdomen. —Revista Homœopatica Catalana.

Tuberculinum.

The high potencies of this remedy cause a greater elimination of the toxins which have accumulated in the tissues, and an amelioration of the general condition, but it is necessary to moderate their elimination in order to avoid dangerous aggravations. The more material dosage simply incites an inflammatory reaction without eliminating the poison.—L'Art Medical.

Tabes Dorsalis, Remedies (Dr. Simon.)

Angustura vera. Lightning pains, muscular tremors, partial paralyses.

Helleborus. Motor ataxia. Drawing and tearing pains in the limbs; sudden relaxation of certain muscles. Motion is not possible without the utmost concentration of the mind. Staggering gait, objects in the hands are dropped; lack of stability in the lower extremities, bending of the knees. Melancholia, hypochondriasis. Urinary tenesmus. Impotence, with flaccid penis.

Phosphorus. Sudden lancinating pains, tension, distortion of the limbs, tremors, cramps, partial paralysis. Sexual excitement followed by impotence. Amaurosis; sensory disturbances; atrophies; fatty degeneration. Of little use when the cerebral hemispheres are involved.

Tarentula. Spasmodic and inco-ordinate contractions of the muscles.

Elaps. Crampy, drawing pains; muscular constrictions; numbness of the extremities.

Plumbum. Atrophy; trembling; multiple sclerosis.

Arsenicum. Formication along the spine.

Phosphoric acid. Formication and heaviness of the lower limbs, with numbness. Thoracic and diaphragmatic spasms.

Belladonna. At the beginning; lightning-pains, disorders of locomotion, motor oculi paralysis.

Æsculus. Presents a syndrome with many of the characteristics of tabes; mental, vesical, ocular, lumbar, with paralyses and limb-pains.

Gelsemium. Especially in onanists and hysteric females.

Lathyrus cicera. Weakness and trembling in the lower limbs followed by a sort of coma; finally, a total loss of power in the extremities.

Argentum nitricum. Vertigo, as if turning in a circle, causing him to crouch for fear of a fall. Momentary blindness. Choreic movements of the limbs. Legs retracted upon the abdomen. Instability of the limbs, vacillating gait.

Ignatia. Locomotor ataxic gait. He cannot walk because his knees rise involuntarily during the attempt. Alumina. Cannot walk with closed eyes.

Baryta carbonica. A sudden knife-like pain in the right knee, which paralyses the limb; cramps in the calves on extension. While standing he has a shock in the thigh just above the knee so violent that he fears falling forward. Tremors in the right calf, Sexual desire increased. It seems as though a veil were before the eyes; dark spots appear in the visual field.—Revue. Hom. Francaise.

Correspondence.

Letter From Dr. Dieffenbach.

New York, April 2, 1905.

Editor Medical Century.

Your favor of 31st ult. with enclosure of certified check for $30, as award of second prize in the competition essays of the Medical Century, was duly received. I desire to thank you for your kind expression, and, through you, beg to offer my acknowledgment of the noble and generous act of Dr. Hamilton F. Biggar, through whose largess this competition is made possible. Dr. Biggar deserves the thanks of the whole profession for his efforts in behalf of Homœopathy. Would that we had many champions like him to spread the gospel of true drug therapeutics. We need agressive work for the future development and growth of Homœopathy, and your evangelistic pamphlets will undoubtedly do much to arouse sentiment in this direction. I know of many of the younger members of our school who chafe at the Fabian and India rubber Homœopathy of some of our elders, and who would be delighted to see a revival of aggressiveness in the propagation of the tenets of Homœopathy.

Fraternally your,

W. H. Dieffenbach.

Letter From Dr. Walsh.

Courtland, N. Y., April 4, 1905.

Editor Medical Century.

I beg to acknowledge the receipt of the Medical Century's certified check for $20.00, representing the third prize in the evangelistic prize essay competition, for which please accept my thanks. I am naturally pleased to know that my maiden effort in the cause was not numbered among the "and others." I thank you for your kind expression of opinion on the merits of the essay. With best wishes for the prosperity of the Medical Century, I remain,

Faithfully yours,

James Walsh.

Surgery and Bryonia.

Plymouth, Mich., April 5, 1905.

Editor Medical Century.

In this day of specialism and specialist, it is a lamentable fact that the surgical treatment of appendicitis presents *some* dark pages of failures. Whether this is due to the fact that there *are* some who have forgotten that old adage, namely, "Fools rush in where angels fear to tread," or that others seem to think that in these cases there is but one thing to do, to operate, giving heed and attention to nothing but that one branch of mechanical remedies, whether we lay it to the former or latter class, time and experience can only teach.

I notice the heading of Dr. Schell's alleged reply is: Surgery and Bryonia. From this, the first thought that came to me was: Does he place surgery at the front, in the present art of healing? If so I dare say his practice is not what was taught him in his college days. Does he abandon to a *second place* homœopathic therapeutics, the teachings that our best homœopathic institution gave him? If so I ask my fraternal practitioner to go slower than he has. Surgery is not *the* art of present healing.

Hahnemann did not predict that 150 years after his death surgery would be the only reliable curative agent. I think some of the young graduates, stepping forth from their Alma Mater, thence jumping into the operating room of a city hospital, grasping the knife and tissue forceps, cutting a hole here and a hole there, sewing up their newly made incisions, bandaging their patient, and finally leaving a hard task for Nature to bring about the desired results; these young graduates, I think, are letting go from their minds the most important of all teachings, namely, homœopathic therapeutics. I am aware that many physicians are "firm believers in the power of potentized medicines to cure their fellowmen of the ills and ailments of this life." Would that there were more such believers; but man holds his own destiny. From this class I have never known one who "seems to expect and believe that the Materia Medica has no place for the mechanical class of remedial agents." If there is one, how can he be a homœopathic physician? for a homœopathic physician "is one who adds to his knowledge of medicine a special knowledge of homœopathic therapeutics, and observes the law of similia." I have yet to learn of a homœopathic physician who "believes that the power of potentized drugs is *at all times and on all occasions* capable and equal to the task of giving eyes to the blind, feet to the footless and ears to those that hear not," etc. Such an assertion, I have no doubt, was made in the height of surgical argumentation. I do not know of a medical institution of standing that has taught or is teaching its students to believe the above.

The best ophthalmologist, and he is a Homœopath, too, has taught and is daily teaching and practicing the place for the mechanical class of remedial agents. The best otologist, and he is a Homœopath, too, has taught and is daily teaching and practicing the place for the mechanical agents. The best surgeon, and he, too, is a Homœopath, has taught, and is daily teaching and practicing the place for mechanical remedies; but remember "*he* is one who adds to his knowledge of surgery a special knowledge of homœopathic therapeutics, and practices his calling in conformance with that knowledge." (Schell, where were you when he lectured?)

No one denies that surgery is in the class of mechanical remedies. Why ask such a question? I do not believe the boundary between surgery and drug therapeutics is, even to-day, "clean cut." A physician's daily practice does not prove that such a boundary exists. But 300 years ago man lived and drank of Nature's gifts; the open air was his home, and thus there were no need for the knife and the tissue forceps and the operating room. Nature was man's great surgeon. To-day all is very different, for we are living in the poison of the world, we are simply fighting against Nature's gifts, and thus man has received his own punishment in having to resort to surgery. Thus surgery is our punishment for not obeying Nature's laws, and the result of us all, disobeying, has simply brought surgery into *temporary* prominence.

If Dr. Schell reads my Bryonia case over again, and gives it more thought, he will see that I resorted to mechanical remedies, and at the right time, too. My Bryonia article was not written for a discussion as to whether surgery was indicated. From my first few visits the case was for a remedial agent and not a mechanical.

Yes! and there are some, "when enlightened by the four years of utero-gestation period of their Alma Mater, or perhaps in the aurora of their surgical life, when the early rays of the sun of experiment upon them, *may forget* that there is a period when medical agents *are* indicated; but forgetfulness, medical agents *are* indicated; but the forgetfulness, nourished by the jumping from their Alma Mater into the blood-stained floor of an operating room, are led on with their knife in hand to remove a diseased part curable with the homœopathic remedy. Then away! they go to Europe and ponder over the intracacies of man until they return with only one great thought, namely, to operate. So to those who have just reached the age of puberty in medicine, to those who are groping in the dark age of adolescence in surgery, let me say to you, that if your lamp of Materia Medica is burned oftener and later in the evening, then the time is not far distant when the mechanical agent of medicine will not play such an important part in the world's healing forces.

Thus, I answer Dr. Schell's unimportant and unnecessarily raised question, by saying, his young friend, *not* through omission of thorough surgical study in his college days (as a comparison of *our* records will show), did probe all the branches of medicine in the before alluded to case, and his results *were* what his teachings gave him, namely, success.

Dr. Luther Peck,
Plymouth, Mich.

Societies.

BUREAU OF HOMŒOPATHY.

The following is the completed program for this bureau at the June meeting in Chicago:

Chairman's address, Dr. Royal S. Copeland, Ann Arbor, Mich.

The Propagandism of Homœopathy:

In the Universities, Dr. W. A. Dewey, Ann Arbor.

In the Public Institutions, Dr. C. E. Walton, Cincinnati, O.

In the Corporations, Dr. B. F. Bailey, Lincoln, Neb.

In the National Government, Dr. J. B. G. Custis, Washington, D. C.

In the Old World, Dr. Jas. Searson, London, Eng.

In the Scientific World, Dr. Pemberton Dudley, Philadelphia.

In the Attraction of Patients, Dr. H. C. Allen, Chicago, Ill.

In the Attraction of Students, Dr. H. R. Arndt, San Francisco, Cal.

HAHNEMANNIAN CELEBRATION AT ANN ARBOR, MICH.

The faculty and seniors of the homœopathic department of the University of Michigan held a celebration in honor of the one hundred and fiftieth anniversary of the birth of Samuel Hahnemann, April tenth, nineteen hundred five, at the Barbour Gymnasium.

A large audience was present. The following program was carried out in its entirety:

Presiding officer, Hon. Joseph H. Cowell, M. D., President of the Medical Board of Registration, Saginaw, Michigan.

1. Music—Vocal Solo, Miss Caspari.
2. Hahnemann's Place in the Medical World, Prof. Royal S. Copeland.
3. Organization for the Development and Maintenance of Homœopathy, Prof. C. B. Kinyon.
4. Music—Duet, Miss Caspari and Mr. Daly.
5. The Place of Therapeutices in the Domain of Medicine, Prof. W. A. Dewey.
6. Music—Volcal Solo, Miss Caspari.
7. The Physician and Surgeon, Prof. D. T. Smith.
8. Relations of the Medical Profession and the Public, Prof. W. B. Hinsdale.
9. Music—Orchestra, Granger's.

A reception and dance followed.

THE ROCK RIVER INSTITUTE OF HOMŒOPATHY.

The Rock River Institute of Homœopathy held its quarterly meeting at the Galt House, Sterling, Ill., April 6th, followed by a banquet and toasts in the dining room of the large hotel. The event was one that may well go into history as being the best one that has ever been deld by this association. The attendance was good.

Tuberculosis was the subject chosen for discussion, and the following papers composed the program:

History, Contagion, Infection and Inheritance of Tuberculosis, A. W. Blunt, M. D., Clinton, Iowa.

Tuberculosis of the Brain, C. Lanning, M. D., Morrison, Ills.

Tuberculosis of the Eye, Ear, Nose and Throat, T. B. Charlton, M. D., Clinton, Iowa.

Pulmonary Tuberculosis, E. A. Sickles, M. D., Dixon, Ills.

Tuberculosis of the Bowels, Bladder and Kidneys, M. J. Hill, M. D., Sterling, Ills.

Surgery, Gynæcology and Obstetrics in Tuberculosis, O. B. Blackman, M. D., Dixon, Ills.

Dont's in Tuberculosis, F. H. Scott, M. D., Rock Falls, Ills.

Sanitation in Tuberculosis, F. W. Gordon, M. D., Sterling, Ills.

Dress and Diet in Tuberculosis, W. I. Carolus, M. D., Sterling, Ills.

Climatology of Tuberculosis, S. S. Kehr, M. D., Sterling, Ills.

Local Treatment of Tuberculosis, A. H. Arp, M. D., Moline, Ills.

Internal Treatment of Tuberculosis, C. N. Hazelton, M. D., Morrison, Ills.

The papers, as far as presented, were of the highest order, and the discussions were most instructive.

The banquet was a most enjoyable affair. Dr. S. S. Kehr presented a biography of Hahnemann in honor of the 150th celebration of his birth. Mr. J. B. Young, of Clinton, who was a patient of Hahnemann's, and who is now 81 years of age, was presant, and read a paper on reminiscences of the founder of Homœopathy, and how he was cured of Tuberculosis by Dr. Hahnemann, the very disease under discussion at the meeting.

Dr. O. B. Blackman, of Dixon, Ills., responded to the toast, "Pioneers of Homœopathy;" Dr. C. M. Hazelton, of Morrison, Ills., "Why I Became a Homœopath," and Dr. A. W. Blunt, of Clinton, Ia., on "Present Day Homœopathy." This was followed by short remarks by all the other physicians present.

This meeting was voted one of the most successful of the institute. The next meeting will be held in Clinton, Iowa, next October. The Medical Century expects to present a number of the papers read at the meeting to our readers in an early issue.

MATERIA MEDICA PROGRAM.

Program of the Bureau of Materia Medica and Therapeutics of the American Institute of Homœopathy for 1905:

Dr. Wm. A. Geohegan, Chairman, 918 Hawthorne avenue, Cincinnati, Ohio, sectional address.

Dr. George Royal, Des Moines, Iowa, "Comments on Some Provings of Chionanthus."

Dr. Howard P. Bellows, Boston, Mass., "A New Schema for the Classification and Study of Drug Effects."

Dr. S. R. Geiser, Cincinnati, Ohio, "Notes on Some Drugs Used Exclusively by Homœopathic Physicians."

Dr. A. C. Cowperthwaite, Chicago, Ills., "Some of Our Newer Remedies."

Dr. A. A. Roberts, Wellsburg, W. Va., "Comparative Spheres of Cantharis, Mercurius Corrosivus, Terebinthina, and Plumbum in the Treatment of Nephritis."

Dr. Eldridge C. Price, Baltimore, Md., "A Study of Ferrum, Including a Consideration of Iron as a Food and as a Therapeutic Agent, Together With an Examination Into Its Primary and Secondary Pathogenetic Effects and Their Relation to Disease."

Dr. W. B. Hinsdale, Ann Arbor, Mich., "Notes on the Therapeutics of Arthritic Diseases."

Dr. Wm. Boericke, San Francisco, Cal., "Camphor, a Study of the Original Provings."

Dr. J. W. Overfield, Hamilton, O., "The Carbonates."

Dr. A. P. Hanchett, Council Bluffs, Iowa, "Key-Notes as a Guide in Prescribing."

The Colleges.

HERING COLLEGE COMMENCEMENT.

The Thirteenth Annual Commencement of Hering Medical College and Hospital was held in Handel Hall, 40 Randolph street, on the anniversary of Hahnemann's birthday, April 11, 1905. In his remarks, as dean, Dr. H. C. Allen said:

"Looking Forward" has been assigned me, and a brief reminiscence may help some of us to appreciate the work which has been done in the past, as well as the duty which devolves on many of us for the future.

Hering College was not organized to gratify personal pique for revenge of some fancied or real grievance, but to uphold, maintain and perpetuate the teachings of the master; true Homœopathy as expounded in the Organon.

The first college announcement was issued during the summer of 1892, and the college launched on its career, intending to teach Similia Similibus Curantur from the standpoint of Simplex Simile Minimum. The organization of the college was the culmination of the writings of many of the leaders in our school for the last fifty years.

In 1876, during the World's Fair in Philadelphia, the American Institute of Homœopathy met in conjunction with the International Homœopathic Association, and a number of members of the Institute, while calling on Dr. Hering one evening, discussed the decadence of Homœopathy as promulgated by Hahnemann, who, during the last years of his life in Paris, when congratulated upon the large number of his followers, exclaimed: "My true followers may be counted on the fingers of my two hands." Among those present that evening were Drs. Hering, Wells, Bayard, Dunham, Guernsey, Raue, Skinner, T. P. Wilson, Clement Pearson, and perhaps others. Only three of the group, as I remember, are now living. The discussion assumed the form of inquiry, and the question was asked, Why a society composed of the true followers of Hahnemann could not be organized and banded together for the advancement of pure Homœopathy? It was decided there that some of those present should write all their friends whom they knew were practicing Homœopathy as Hahnemann practiced it, to ascertain how many there were in the world. Between seventy-five and a hundred names were procured and banded together, on paper, as members of the Loyal Legion. Their names were published in the Homœopathic Physician and Medical Advance.

In 1879, Dr. Clement Pearson, of Washington, agreed to formulate a rule of principles of practice, that should be based upon the teachings of the Organon, and I undertook to ask all members of the Loyal Legion to meet at the coming session of the Institute in Milwaukee, in June, 1880, to form a society. At this meeting the International Hahnemannian Association was organized, with Dr. P. P. Wells, of Brooklyn, as its first president.

In 1890, when I first came to Chicago, I believe there were only three or four Homœopaths who were using the single remedy: Drs. Hoyne, Hawkes, Ballard and Gee. The two latter were soon taken from us, but a club was formed for the study of the Materia Medica and the Organon, and in a short time fifteen or twenty active members were secured, and out of this Materia Medica Club grew the first thought of establishing a college for the teaching of pure Homœopathy.

In England, and, in fact, throughout all Europe, Homœopaths labor under many disadvantages. There is no homœopathic college in which they may receive instruction. Homœopathic students must first take a full course in colleges of the dominant school, obtain their degree and license, and after that, if they have sufficient interest in Homœopathy, they may add the knowledge of the law of similars to their previous education, but they must first take allopathy before they can practice Homœopathy; hence very few ever reach the homœopathic stage. This, of course, has its advantages, because only the thinking, earnest man will take the time or trouble to investigate it.

Previous to the organization of Hering College the Organon was a forgotten study. Since 1890 it has become a text-book in all our homœopathic colleges, and more or less attention has been paid to its teachings. The teaching of the Organon has formed an entering wedge for pure Homœopathy in every college in the country; hence the influence of the International Hahnemannian Association and the earnest work done by its members, was the inspiration for the founding of Hering College; to have one college in the country where students may obtain the knowledge of pure Homœopathy in every department of practice, and this becomes the drill in every class from the freshman to the senior course.

Hering College closes its thirteenth annual commencement with nearly 300 alumni, the large majority of whom are practicing pure Homœopathy.

When the college was first organized, a building thoroughly well equipped for the purpose was rented on Cottage Grove and College place. In 1896, a new college building was erected in Rhodes Avenue, near 39th street. In December, 1904, the Chicago Homœopathic College amalgamated with Hahnemann, thus a large and well equipped college building on the West Side, in the immediate vicinity of extensive hospital and clinical facilities, was left vacant. Hering College purchased it and took possession on January 16th. The Chicago Homœopathic Hospital adjoins it. Cook County Hospital is just across the street, on the staff of which are some members of the faculty. The Frances Willard Hospital, new, modern, just completed at a cost of over $100 000.00, is two blocks away, on the staff of which are also members of the faculty. Hence we think the future of our school looks very bright. With abundant hospital and clinical facilities, it only requires one thing to make it look brighter, and that is the same enthusiastic work done by the faculty from the beginning. But the faculty alone cannot do all. Every graduate of Hering College, and every practitioner and well-wisher of true Homœopathy all over the world, has an interest in the propagation of the truth and the maintenance of this college. Hahnemann was the greatest medical genius that the world has ever seen, but genius is only another name for hard work. It is by and through work alone that he obtained his pre-eminence.

And now a word to the graduating class: If you succeed in the practice of medicine you must work; if you would become a genius in Homœopathy; if you would master the Materia Medica, or the philosophy of the school; if you would become an expert in surgery, gynæcology or ophthalmology, you will never succeed without work. It is work, work, work, from first to last, and that alone will win success.

Dr. Stuart Close, of Brooklyn, New York, delivered the commencement address on the theme of "The Simple Life in Medicine."

At the close of Dr. Close's admirable address, Dr. J. R. Boynton conferred the degree of Doctor of Medicine and Surgery upon the following;

Glen Irving Bidwell, Felix Vinson Bryant, Maggie Annettie Campbell, William Elliott Campbell, George Henry Carpenter, Samuel Nye Clark, James A. Garfield Clayton, Satyendra Nath Goswami, Francis Harold Henderson, Mary Quayle Mathews, Charles A. Peterson, Janette Dow Peterson, Norman Leslie Reynolds, Clara Henryetta Williams. and the Post-Graduate degree of Master of Homœopathics upon James Henry Allen, M. D., and Alonzo Eugene Austin, M. D.

HAHNEMANN COMMENCEMENT.

On Wednesday, April 26th, a large audience gathered at Steinway Hall to attend the forty-fifth commencement of Hahnemann Medical College of Chicago. The day was of more than usual importance, as it was the fiftieth anniversay of the founding of the school, and the first commencement of the greater Hahnemann, since its union with the Chicago Homœopathic. One of the largest classes to ever leave the school received their diplomas, and in addition the degree of M. D., ad Eundem was conferred upon several hundred of the Chicago homœopathic alumni, who had applied for it. Thus are the two schools now firmly united into one strong college. The Graduating class of this school realize that no school is better nor greater than their Alma Mater, and will always be loyal to it.

The opening address was given by the dean, Dr. Chislett. Dr. G. F. Shears, president of the school, conferred the degrees and gave his annual report. The Rev. Orrin O'Neal, D. D., of Rockford, Ill., gave the address of the afternoon. It was a masterful effort, and was filled with good advice and thoughts not only for the new doctors but for his entire audience.

In the evening the alumni association of the Chicago Homœopathic Medical College and the Association of the Hahnemann College joined together in their annual banquet at the Auditorium. After an elaborate dinner, the following toasts were responded to:

Hahnemann and the Old Times, Dr. O. W. Carson.

Hahnemann and the New Times, Dr. C. B. Olds.

Hahnemann and Its Alumni, Dr. Nathan Starr, of Hahnemann; Dr. C. B. Kinyon, of the C. H. M. C.

Hahnemann and the Merger, Dr. A. C. Cowperthwaite.

Hahnemann and Illinois University, Hon. H. N. Higinbotham.

Hahnemann and Its Possibilities, Dr. G. F. Shears.

The banquet was attended by men who graduated in the earliest classes of both schools, and it was, indeed, a reunion of all. It fittingly brought to a close a day which was set apart to celebrate the fiftieth birthday of the old school and the first of the new. During the evening several college songs were sung. The following seemed to be the most popular of the evening. The tune was Mary Had a Little Lamb, while the chorus was sung to the tune of the Battle Cry of Freedom:

There is a school called Hahnemann, Hahnemann, Hahnemann;
There is a school called Hahnemann, where little pills abound.
And everywhere that you can go, you can go, you can go;
Everywhere that you can go, its graduates are found.

One time there were two of us, two of us, two of us;
It used to cause an awful muss, we fought with all our might.
But now we do not care a cuss, care a cuss, care a cuss;
But now we do not care a cuss, we're the only thing in sight.

Hurrah for the south side, hurrah for the west,
Hurrah for the college that now is the best;
We will rally round the pill box, rally once again,
Shouting the battle cry of Hahnemann.

This school has lived for fifty years, fifty years, fifty years;
This school has lived for fifty years, just fifty years to-day.
Its bound to live for fifty more, fifty more, fifty more;
Its bound to live for fifty more, for we have come to stay.

Hurrah for the president, hurrah for the dean,
Hurrah for the senior class, the best ever seen;
We'll rally round the pill box, rally once again,
Shouting the battle cry of Hahnemann.
(College yell.)

C. A. Harkness, M. D.

Chicago, Ill.

The Library.

BOOK REVIEWS.

International Homoeopathic Directory, 1905.

Homœopathic Publishing Co., London, Eng.

The present edition of this valuable directory is an improvement over those that have preceded it. It is probably correct as to lists in foreign countries, and it is certainly a most useful volume. Some difficulty must have been experienced in obtaining a correct list of American homœopathic journals, for we find but thirteen listed. There are thirty-two periodicals of our school published in the United States and current at the present time.

Hollis's Epitome of Medical Diagnosis.

A Manual for Students and Physicians. By Austin W. Hollis, M. D., Attending Physician to St. Luke's Hospital; to the New York Dispensary, etc. In one

12mo volume of 319 pages, with 13 illustrations. Cloth, $1.00, net. Lea Brothers & Co., publishers, Philadelphia and New York, 1905.

As each volume of Lea's Series of Medical Epitomes appears, the conviction is strengthened that authors, editors and publishers are using their combined efforts to place before the medical world a set of compendious manuals to which the word best exactly applies. For the student preparing for examinations, the candidate who is brushing up for appearance before his State board, or for the physician who wishes a handy volume to slip into his pocket or under the cushion of his carriage seat, so that at odd moments he may refresh his memory on forgotten details or post himself on the most recent knowledge on any medical subject, the volumes of this series have proved to be far in advance of any previous attempt. Dr. Hollis's volume on Medical Diagnosis, just published, is the fifteenth of the series. It naturally does not claim originality, but it embodies an earnest effort to give a clear, accurate, compendious covering of the essentials of its subject, presented with a due sense of the relative importance of its various branches.

In addition to physical methods, the author gives directions for laboratory investigations, blood tests, bacteriological and chemical examinations, etc., and as one goes carefully through the book the wonder grows at the enormous amount of clear-cut, modern, well-arranged information which has been compressed between its covers.

The Urine and Faeces.

A practical Manual on the Urine and Fæces in Diagnosis. By Otto Hensel, Ph. G., M. D., Bacteriologist to the German Hospital, New York, and Richard Weil, A. M., M. D., Pathologist to the German Hospital, New York, in collaboration with Smith Ely Jelliffe, M. D., Ph. D., Instructor in Pharmacology and Therapeutics, Columbia University; Visiting Neurologist, City Hospital, New York. In one octavo volume of 334 pages, illustrated with 116 engravings and 10 colored plates. Cloth, $2.75, net. Lea Brothers & Co., publishers, New York and Philadelphia, 1905.

Although there are a number of large and exhaustive treatises on clinical and laboratory methods of diagnosis, it is believed that this is the first compact, convenient and practical hand-book on the subject. It has been the aim of the authors to supply a trustworthy guide arranged for ready use, and complete enough for the actual daily needs of the working practitioner.

With the rapid growth of the use of precise methods in diagnosis the value of a manual of this kind becomes more and more evident. The authors, from their large hospital experience, are peculiarly fitted to furnish exactly the information that is most valuable, and it is hoped that this volume will prove an indispensable assistant to every progressive physician.

The American Year-Book of Medicine and Surgery for 1905.

A Yearly Digest of Scientific Progress and Authoritative Opinion in all branches of Medicine and Surgery, drawn from journals, monographs and text-books of the leading American and foreign authors and investigators. Arranged, with critical editorial comments, by eminent American specialists, under the editorial charge of George M. Gould, A. M., M. D. In two volumes. Volume I., including General Medicine; volume II., General Surgery. Two octavos of about 700 pages each, fully illustrated. Philadelphia and London: W. B. Saunders & Co., 1905. Per volume: Cloth, $3.00, net; half morocco, $3.75, net.

The 1905 issue of Saunders's American Year-Book of Medicine and Surgery fully maintains the pre-eminent position which it long ago established. Dr. Gould, the editor, has associated with him a staff of men of the greatest ability, shown in the conscientious thoroughness with which each article is prepared. Here the practitioner has placed before him, and at a very moderate price, the cream of all the medical literature published during the past year, and in such a form that it is readily digestible. As a compendium of medical and surgical progress, it will prove invaluable; for the practitioner anxious to keep abreast of the advances in the subjects treated, it will be of the utmost assistance. The text, as usual, contains a number of illustrations of practical value; there are also nine insert plates of much excellence.

Essentials of the Practice of Medicine. Saunder's Questions Compending.

Prepared especially for students of medicine. By William R. Williams, M. D., formerly Instructor in Medicine and Lecturer in Hygiene, Cornell University; Tutor in Therapeutics, Columbia University (College of Physicians and Surgeons), New York. 12mo of 461 pages. Philadelphia and London: W. B. Saunders & Company, 1905. Double number. Cloth, $1.75, net.

In this new volume in Saunders's Question-Compend Series the student is provided with a book of the utmost practical value. Throughout the work special stress has been laid on the more common aspects of the various diseases, emphasizing the contrasting points in similar conditions, so as to render differential diagnosis as easy as possible. Symptomatology and treatment have likewise been adequately, although concisely, considered. In fact, this little work is the best we have seen, and for students preparing for examination it will be a most welcome and trusty aid. It contains a vast amount of practical, essential information in the least possible space.

Diseases of the Heart.

By E. H. Calbeck, M. D., London, England. Second edition. W. T. Keener & Co., 90 Wabash Ave., Chicago, 1905. Price, $2.00.

This is a second edition of a truly concise and practical treatise on diseases of the heart. It deals with the clinical side, and the author has given us a work that is handy, readable and, in all, an inteligent presentation of the subject. It is well illustrated with diagrams and sphygmographic tracings. The chapter devoted to general methods of diagnosis is an excellent one. The book making part is done well. In fact, the publishers seldom leave anything to be desired in their outputs.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

Lancaster Office, 9 N. Queen St. **San Francisco Office, 231 Sutter St.**
New York Office, 9 E. 42d St. **Chicago Office, 451 E. 42d St.**

Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

MAY 1, 1905.

Editorial.

THE BIGGAR EVANGELISTIC PRIZE ESSAYS.

The committee authorized by President Royal, of the American Institute of Homœopathy, to examine and pass upon the merits of the essays submitted in the competition for the prizes offered by Dr. H. F. Biggar, of Cleveland, Ohio, through the Medical Century, an announcement of which appeared in our issue of July, 1904, has rendered its report. It was thought wise to select this committee from non-medical circles, inasmuch as the essays were written as an appeal to non-medical people, or to the laity. The committee chosen was composed of Mrs. E. S. Osbon, Secretary of the Sorosis Club, of New York; Professor Robert Emmet Bunker, of the law department of the University of Michigan, and Bishop Joseph F. Berry, of the M. E. Church, diocese of Buffalo, New York.

In the report rendered to the editor of the Medical Century, the unanimous choice for the first prize fell to Dr. R. S. Copeland, of Ann Arbor. The next highest marking fell to Dr. W. H. Dieffenbach, of New York City, and the third in the list to Dr. James Walsh, of Cortland, New York; the prizes have been awarded accordingly. Several of the other contestants received much attention and praise from different members of the committee. To a medical mind, and doubtless had a purely medical committee been selected, some difference might have obtained from the foregoing result. It is our personal opinion, and we shall feel free to express it now, many, yes most of the writers seem to have lost sight of the chief requirement and object of the essay, namely, to enlighten those unfamiliar with Homœopathy and its practice, as to its advantages over other systems of medicine, and this in simple language capable of being easily understood even by those of limited educational possessions. Some of the essays presented the subject forcibly, and would have appealed to one familiar with medical terms perhaps in a higher degree than those selected by the lay committee, who rightly, we believe, decided the question with the object of the essays uppermost in mind.

We present these three essays in this issue of the Medical Century. We believe that all three are good ones, and it is our desire to see them widely distributed. We shall, therefore, issue them in pamphlet form similar to the former prize essays on the subject of selecting the homœopathic school by students of medicine. As doubtless the different essays will appeal to different physicians differently as to their suitability for dissemination, we purpose to issue them in any form that may be desired, singly or together, with or without covers, and at cost price for the reprints. It must be borne in mind that the more printed at one time the less the cost. We believe that if every homœopathic physician in the United States would order at least 100 of them and distribute them among the non-homœopathic believers of his vicinity, the harvest would exceed any investment that it is possible for him to make. One convert, one prescription, one visit, would pay for the outlay, and if successful with that one convert—as a homœopathic physician is bound to be—an almost endless chain is likely to be started. What physician has not in his practice patients having friends they have tried to get to employ Homœopathy? A copy of these convincing essays would be the very thing to hand out for this purpose. We realize that the distribution of tracts for the simple purpose of getting rid of them has little effect, scarcely more than circulars left at the doors of dwelling houses advertising some new brand of baking powder or soap, but distributed judiciously every one of them would count and do good. If nothing more it would be shown to the old school family physician, and his lame attempts to explain away the facts contained in them would certainly give evidence of the weakness of his cause. The people, in these days of the newspapers, are growing in intelligence. Mere statements, mere one or two page tracts unsupported by the reasons for these statements, are no longer of service. An educational campaign is desired, and we believe these essays will in a great measure fulfil this object.

We shall be glad to receive orders for them in any quantity desired. We shall be glad to give estimates for them in any style. Address any of the Medical Century offices.

LOYALTY VERSUS LOOSENESS,

We have been called to account by the writer of a paper read before the State Homœopathic Medical Society of the State of Pennsylvania appearing later in our esteemed contemporary, the North American Journal of Homœopathy, and charged with disloyalty to the Institute Pharmacopœia because we reviewed favorably in the Medical Century another pharmacopœia, and because we said "Institute Pharmacopœia" instead of the "Homœopathic Pharmacopœia of the United States."

We will not notice this *defense* of a work that the writer of the article in question claims needs no defense further than to assert our right to review works that come to our table as may seem to us proper, and to insist that what little we have written on this and other subjects be cited correctly.

We recognize the value of a uniform International Pharmacopœia. The committee which issued the Institute Pharmacopœia in 1897 was known for ten years or so as the "Committee on International Pharmacopœia," but there was no international representation on that committee, and the work as issued has nothing international about it. The directions in the British, French or German pharmacopœias do not correspond with those laid down in the Institute Pharmacopœia.

If we are disloyal in calling it the "Institute Pharmacopœia" we have but to glance at our bookshelves for the authority of the Institute to call it thus. We are aware that the Institute changed the title to the Homœopathic Pharmacopœia of the United States, and we were one of the committee to advise that change, but that is a far-fetched argument for disloyalty.

In our review we argued that for the physician-at-large the American Homœopathic Pharmacopœia was the more practical, and we instanced Sanguinaria, the tincture of which was made from the introduction of that drug in 1837 to the publication of the Institute Pharmacopœia in 1897, practically in the same way by all pharmacopœias: Jahr's, in 1842; Jahr and Gruner's in 1850; Gruner's, in 1855; Schwabe's, the United States Homœopathic Pharmacopœia of Duncan Brothers, the American Homœopathic Dispensatory of Gross and Delbridge, and the American Homœopathic Pharmacopœia of Boericke & Tafel. In all of them all the medicinal properties of the sanguinaria root were represented in its tincture, any of which by an assay could have been standardized. Any physician of the country could have made his own tincture with such apparatus as he had at hand. Many did make it and for fifty years the drug has been prescribed successfully.

There are those of us who are satisfied with the old Hahnemannian method of making tinctures, methods which correspond to those employed in preparing the tinctures which were used in the provings. Probably future generations will demand tinctures made in accordance with those used in the provings which are to be made in the proposed new Institute for Drug Provings, and that these should be made in accordance with some standard method there can be no question.

There is one point in this defense of the work, which needs none, that weakens it materially. The writer has not scrupled to use inverted commas and has attributed to the editor these words:

"That it might have been better not to have used the decimal scale in preparing triturations because physicians now use the 3x who would have used the 3d centesimal had the Hahnemannian scale alone been available."

This is really "to laugh." For one who writes about "loose statements" going "unchallenged!" The above quotation in its "looseness" and hurry reminds one of Sulphur.

We hereby challenge the defender of the Institute Pharmacopœia to show that there is a single word in the foregoing quotation within the inverted commas that is correctly cited; to show that the citation is from anything the editor ever said or wrote on the subject, and to give the publication and page whereon this alleged quotation appears.

When one uses quotation marks one should be exact. Words should not be introduced into the quotation that are not there, even though the object be to bolster up what may appear to him and to us a praiseworthy attempt to provide a standard pharmacopœia, and to secure loyalty to the same even from those members of the committee who may write "an admirable work on practice" and still mention the 1x dilution.

That the complicated method of the new pharmacopœia is more scientific there is perhaps little question, but that it secures uniformity in preparations is easily disproved; doubtless the estimates of plant moisture as found and recorded is correct for the specimens used, but gather the plant at another time, or from another locality, and there would be variance, and this may be proved easily by any one caring to take the trouble to determine the percentage of plant moistures at different gatherings. This has been done, and it shows that this part of the pharmacopœia is built on a very insecure foundation, for in some cases the amount of moisture given in the Institute Pharmacopœia is not even approximately correct, bring at times more than double that given, and even were this approximately correct a special determination would have to be made every time a tincture is made.

EDITORIAL BREVITIES.

A Mixture.

We ran across the following prescription in one of our exchanges:

Nux moschata, gtts. v.
Carbo veg., 3x.
Lycopodium, 12x, aa grs. v.

For what it was given we were unable to discover. There were no indications for its use, it was simply a "combination of service" for pain after surgical operations.

It reminds us of an article we saw not long ago in a prominent medical journal of the dominant school on the treatment of pneumonia, where this remedy "might be of use," this other remedy, "had done good in some cases," that drug, "would possibly help," and the other "would do no harm to be tried." Homœopathy has no use for such inexact, unscientific, slipshod, slovenly methods of prescribing its remedies. Probably those prescribing the above combination belong to that class who believe there is no difference between a homœopathic surgeon and one of the old school, and there isn't except that the old school surgeon is better than any of this class, their combinations do something, and they know what they are going to do; but nobody could ever guess what would be the effect of a mixture of Nux moschata tincture and Lycopodium 12th, even if it did have some Carbo vegetabilis in it.

What we want is the homœopathic surgery of Helmuth, Franklin, Hill and Hunt, of the past, and more like some of those who are still with us, then we can talk of the superior advantages of homœopathic surgery and have something to prove our talk.

Editor's Table.

GENERAL NOTES.

The sub-committee on new members for the American Institute of Homœopathy is making a thorough canvass throughout the State of Illinois, and we shall hear of their good work when the Institute convenes. It has about forty members, and the chairman is Dr. S. H. Aurand.

The New Idea contains an interesting historical sketch of the establishment of Frederick Stearns & Co., of Detroit, which has been in business fifty years. It is one of the most important pharmacal establishments in the country.

The Kentucky State Homœopathic Medical Society meets in Louisville on the 24th and 25th of this month, at the Galt House. The president is Dr. Geo. S. Coon, of Louisville. The call for the meeting especially emphasizes Homœopathy, Homœopathics and the Materia Medica man.

The circular letter issued by the President of the Illinois Homœopathic Medical Association shows that the Institute may expect the time of its life at the banquet that is being arranged for by the Association.

Ex-Surgeon General M. O. Terry, of Utica, N. Y., addressed the students of Hamilton College, on March 26th, taking for a subject, "Preventive Medicine and the Advantages it Offers to the Coming Man as a Profession."

The Medical Counselor, of Detroit, in its new dress and much improved appearance, is always a welcome visitor to our table. It upholds good Homœopathy, and does excellent work for the cause.

The Ohio State Homœopathic Society meets in Cleveland on May 16th and 17th, and indications point to a large and successful meeting.

The Practitioners' Course of the New York Homœopathic Medical College opens on the first and runs to the 20th of this month. A large class of practitioners from all over the country will be present, and they will get their money's worth, too.

The Cresset is the name of the periodical published in the interests of the New York Medical and Surgical Hospital for Women, and the Guilder that published by the hospital guild of the same institution. Both are very bright publications. Some of the bits of poetry therein is truly Gilbertian.

Dr. George H. Palmer and Mr. Brooks Palmer have resigned as trustees and as president and secretary of the Hahnemann College of the Pacific, and Mr. Van Arsdale and Dr. Hartland Law were elected in their stead.

Dr. W. C. Hirzel, of Cleveland, Ohio, removes to San Antonio, Texas, entering into partnership with Dr. Charles A. Wilson. There is plenty of room in Texas for a hundred good Homœopaths.

The American Medical Association failed to secure a special act of Congress for a national incorporation at its last session.

The avowed organization scheme of the American Medical Association is to secure legislation in the "right direction."

We have received the report of the Cobb Hospital, the homœopathic hospital of Minneapolis-St. Paul, which is the only one in those cities devoted to homœopathic treatment. It shows a well equipped hospital with every evidence of prosperity. It was founded by Dr. Sheridan Cobb in 1902, and was incorporated in January, 1905.

Dr. W. A. Glasgow, of Missoula, Montana, has been appointed a member of the Montana State Board of Medical Examiners.

The contracts have been signed for a new Hahnemann hospital in San Francisco. It is expected that the building will be completed within a year.

The Toledo Homœopathic Club held a meeting and banquet at the Valentine Café on the evening of April 3d, under the presidency of Dr. M. H. Parmele. Papers were read by Dr. C. E. Walton, of Cincinnati, and Dr. W. A. Dewey, of Ann Arbor, and fully discussed. About twenty-five were present, and the visiting physicians departed with another pleasant remembrance of Toledo's hospitality.

A Hahnemannian celebration was held by the New York Homœopathic Materia Medica Society at New Hotel Astor, on April 10th. It was a most enjoyable occasion.

A new homœopathic periodical designed to popularize Homœopathy, has been established in Lyons, France.

The Wisconsin Homœopathic Medical Society will not meet this year, but promises to attend the Institute meeting in Chicago in large numbers.

The Alumni Association of the Southwestern Homœopathic College, held its annual banquet at the Galt House, Louisville, on April 25th. Dr. H. M. Clendenin, of Louisville, was president, and Dr. Joseph Stevenson, of Louisville, secretary and treasurer.

CINCINNATI COMMENTS.

BY T. M. STEWART, M. D., CINCINNATI, O.

Dr. D. W. Hartshorn, Emeritus Professor of Surgery in Pulte Medical College, has been in the city a few weeks visiting old friends. Old Hartsy, as the students fondly called him, has been exceedingly fortunate in his investments, and now reaps a rich reward from valuable phosphate land in Florida, to say nothing of his out-right ownership of Colorado mineral land, to develop which he has just formed a company.

Dr. H. H. Wiggers has demonstrated his faith in home industries by investing in a Schacht automobile, a large, fine car built upon French lines, and as reliable as can possibly be made. That is why it is a Cincinnati product, says Wiggers.

Dr. C. E. Walton seems to have grown younger during the past year, probably due to the fact that he keeps too busy to worry.

Dr. J. D. Buck is still "old faithful" at Pulte. He is always on time for his lecture, or if he cannot appear because of professional engagements, he has a substitute ready.

Dr. S. R. Geiser is doing yeomen service for Homœopathy by his impressive and convincing work in Materia Medica.

The obstetric clinic at the Home for the Friendless continues to be a source of valuable instruction to homœopathic students. The annual reports continually show a lower death rate in all departments than existed when the treatment was of regular brand.

"Is is said to be good practice to 'tonic' your patient so that he can throw off his disease. See to his diet and water drinking, and the indicated remedy will stir up cell activity where it is most needed."—Eye Clinic.

ROCHESTER ITEMS.

BY WILLIAM PERRIN, M. D., ROCHESTER, N. Y.

On Tuesday, April 14th, occurred the 21st annual meeting of the Western New York Homœopathic Medical Society. As this was the one hundred and fiftieth anniversary of the immortal Hahnemann's birth, a special effort was made to have this meeting a rousing success.

After the regular business of the meeting the following officers were elected for the ensuing year:

For President, Dr. Shirley R. Snow, Rochester, N. Y.

For First Vice-President, Dr. S. W. Hurd, Lockport, N. Y.

For Second Vice-President, Dr. S. B. Partridge, East Bloomfield, N. Y.

For Secretary and Treasurer, Dr. W. W. Winans, Rochester, N. Y.

For Censors, Dr. George R. Critchlow, Buffalo, N. Y.; Dr. Conklin, Batavia, N. Y.; Dr. Thos. R. Parsons, Rochester, N. Y.; Dr. Warner, Canandaigua, N. Y.; Dr. Wm. H. Doane, Pittsford, N. Y.

At the election of new members the following were taken into the Society:

Drs. David B. Jewett, E. B. Cook, and C. T. Graham, all of Rochester, N. Y.; Dr. Robins, of Towanda, and Dr. W. Lewis Wilson, of Niagara Falls.

The president's address was delivered by S. Joseph T. Cook, of Buffalo. He spoke of the life work of Dr. Samuel Hahnemann, whom he said was a great linguist and a great thinker; he took his degree of Doctor of Medicine at the age of 24. He told how Hahnemann's personal investigations are to-day being confirmed and announcements verified by many investigators in many fields. All schools of medicine now recognize the value of the small dose, Dr. Cook said, and Hahnemann died 100 years ahead of his time. "His teachings were called moonshine," said Dr. Cook, but the world has to look upon them not as moonshine, but, as Dr. Harper calls them, liquid sunshine.

The other papers read were as follows:

2. Lymphoid Hypertrophies, R. C. Conklin, Batavia.
3. Acute Cerebral Softening; a Case, Geo. R. Stearns, Buffalo.
4. Spleno-Medullary; Leukæmia Complicated by Persistent Priapism; Operation; Death; Report of Case, Geo. R. Critchlow, Buffalo.
5. The Diagnosis of Incipient Tuberculosis and History of the Healed Lesion, David B. Jewett, Rochester.
6. Intestinal Perforation in Typhoid Fever, George T. Moseley, Buffalo.
7. A Symposium on Cerebro-Spinal Fever, Chas. R. Sumner, P. Wyckoff Neefus, Lucius L. Batton, Rochester, N. Y.

While the papers were all listened to with much interest, the symposium attracted the most attention because of the many deaths in New York and elsewhere that have been due to the epidemic, and also because it has recently appeared in this city, five cases having developed within a few days with one death.

The evening session of the society was held at the Genesee Valley Club, where an elaborate banquet was spread. Many of the physicians were accompanied by their wives. The banquet room was decorated with festoons of evergreens and cut flowers were on the tables. The music was furnished by Dosenbach's orchestra. After the banquet Professor J. Ernest Woodland, of the Mechanics' Institute, gave an exhibition, and the room was turned into an ice factory, a steel manufacturing plant and a wireless telegraph station.

Dr. E. B. Cook has opened his office at 293 Monroe avenue, Rochester, N. Y.

Dr. W. W. Winans has removed to 421 Monroe avenue, Rochester.

Dr. L. J. Sanders has removed to 213 Alexander street, Rochester, N. Y.

Dr. Thomas Parsons has removed to 215 Alexander street, Rochester, N. Y.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. Geo. B. Hamlin has removed from Granada to Minneapolis, Minn., and is located at 2717 South Emerson avenue.

Dr. J. H. Drake has removed from Chicago to Alexandria, Minn.

Dr. R. R. Rome is interested in a private hospital at 1816 Portland avenue, Minneapolis.

Dr. Thos. Lowe, of Pipestone City, has been appointed a member of the State Medical Examining Board to succeed State Senator A. B. Cole, of Fergus Falls, whose term has expired.

Dr. T. A. Pierce, of Winona, one of the oldest practitioners of the State of Minnesota, died early in January.

Dr. C. W. Wilkowske has removed from Arlington to Fairbault, Minn.

Dr. Genevieve Tucker, who formerly practiced at Northfield, Minn., but for several years past has been located at Pueblo, Colorado, has been obliged to leave that high altitude, and is now located at Davenport, Ia.

Dr. and Mrs. A. T. Conie, of Anoka, Minn., are rejoicing over the visit of the stork at their residence on February 6th, last.

Drs. W. A. Beach and G. A. Dake, of Mankato, Minn., were the victims of the fire fiend recently, losing their office outfits thereby.

R. E. Williams, for the past tweleve years connected with the Minneapolis Pharmacy Co., died from appendicitis on March 17th.

The regular meeting of the Minneapolis Homœopathic Society occurred Thursday, March 21st, at the Masonic Temple. President Haywood and Secretary Wm. B. Roberts presented a goodly program consisting of papers by Drs. R. R. Rome, on a series of cases operated for acute tubal infection; Paul A. Higbee, whose essay treated of gonorrhœa and its approved treatment, with a resume of a long series of cases, some thirty-four in number, and Jas. A. Ballard giving a report of the work of the homœopathic staff of the city hospital.

Dr. G. A. Dake, Mankato, Minn., who has been quite seriously ill with appendicitis, has been operated upon by Dr. W. A. Beach, and is, we understand, doing nicely.

Secretary E. L. Mann, of St. Paul, reports fine prospects for a large and interesting meeting of the Minnesota State Homœopathic Institute on May 16, 17 and 18.

We were informed that the Minnesota Board of Medical Examiners voted at the January, '05, meeting, and reaffirmed its position at the April meeting, to refuse to examine all applicants for a license who were graduates from a medical college which gave advanced standing in medical studies to graduates of literary colleges, thus refusing to even examine applicants from about 112 of the 144 medical colleges of the country.

Dr. J. A. Ballard, interne at the Minneapolis City Hospital, has resigned and gone to Laramie, Wyoming, where he expects to be associated with his brother. Dr. C. A. Ballard, formerly at Salem, Oregon.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Monday, April 10th, being the one hundred and fiftieth anniversary of Hahnemann's birth, was celebrated at 2:30 P. M. by a committee consisting of Drs. J. B. G. Custis, L. B. Swormstedt, S. S. Stearns, Julia M. Green and Richard Kingsman, together with about fifteen or twenty others, members of the Homœopathic Medical Society, who placed a wreath of laurel upon the Hahnemann monument. The centre of the wreath contained a shield with the dates 1755 and 1905 on it. The German and American flags were crossed above the flowers.

Dr. Custis read the Ode to Hahnemann, which was written by Dr. Helmuth, and read at the unveiling of the monument. The services were very impressive and well attended, and were highly appreciated by the physicians.

At 8:15 P. M. the regular meeting of the Medical Society was held at the Shoreham, and was made a special memorial meeting to Hahnemann. The president, Dr. Gregg Custis, spoke in a feeling manner of the afternoon exercises. He said he believed no one more alive to the science of medicine had ever lived. He made the prophesy that within the lifetime of some of his hearers the law of Hahnemann would be acknowledged, even by the members of the old school.

Dr. Wm. R. King spoke upon "What do Specialists Owe Hahnemann," his remarks being more particularly in reference to eye, ear, throat and nose work. He believes that the specialist who prescribes homœopathic remedies has the same advantage over the old school specialist that the homœopathic general prescriber has over his old school colleague who practices general medicine. He is able to refract nearly all of his cases by the use of homœopathic remedies instead of employing the mechanical action of atropia. In this connection he spoke of the use of Arsenicum, Euphrasia, Kali bichromicum and Mercurius. In cases of iritis he is able to control pain by the remedy for the patient, not prescribing for the disease necessarily. He spoke of the use of Gelsemium in glaucoma. He believes that homœopathic remedies will prevent, or at least limit, the formation of senile cataract when prescribed very early, as in the incipiency of said cataract, and mentioned several cases in support of this statement.

Dr. M. A. Brosius spoke upon "What Do Women Owe Hahnemann?" She mentioned the peculiar ailments of puberty, spoke of the use of Coffea, Chamomilla, Ignatia and Pulsatilla for those times. The use of Ipecac for nausea of pregnancy she mentioned having heard suggested by a professor in an old school college. He could not account for said action of Ipecac. Diseases due to the menopause are particularly amenable to the homœopathic medicines.

Dr. C. B. Gilbert read a short paper upon the subject, "Did Hahnemann Recognize the Real Cause of Disease?" He believes that he did, and considers that germs are rather the associates than the cause of many diseases. He considers Hahnemann to have been many years ahead of his time in sanitary teaching.

The papers were discussed by those in attendance. Dr. Gilbert and Dr. Lee spoke of cases of incipient cataract which they had known to have been cured. Dr. Kingsman related a case of the wife of an old school physician whom he was called to atend, and in questioning her husband as to why he should ask for homœopathic treatment, when he prescribed the other kind, said physician told him if he was a young man he would study Homœopathy; he had been converted to it by Dr. King, who had treated his cataract and cured it.

Dr. Harvey, Dr. Davis, Dr. Burdsall, and Dr. Dennison participated in the discussion.

The subject of cerebro-spinal meningitis was mentioned. Dr. Dennison, Dr. Swartwout and Dr. Lothrop were appointed a committee to look up statistics upon the comparative treatment under homœopathic and old school methods, and to report at the next meeting.

The subject for the next meeting is Localization of Indigestion and the Treatment of the Varieties of the Same.

Dr. E. S. Lothrop has been suffering from attack of grip.

Dr. Homer I. Silvers has opened an office at 1402 L street, N. W. Office hours, 8 to 9 A. M., 4:30 to 6 P. M.

The Homœopathic Hospital Musicale Benefit held at the residence of Mrs. T. DeWitt Talmage cleared $250 for the hospital.

In a moment of abstraction a Washington lady recently sent her doctor a check for a bill which she had paid a short time previously. The doctor returned check with the following limerick:

In these days of germs and microbes,
  When we sterilize the cream
And fumigate our clothing
  And the rooms in which we dream,
There is still the consolation
  That we needn't boil the ice;
And little homœopathic doctors
  Don't collect their billettes twice.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. T. Howard Plank has secured a suite of offices in the new Heywood building, Madison and Wabash avenues, and will move his office there in a short time. His hours there will be from 1 to 4 P. M.

The many friends of Dr. Gilbert Fitz-Patrick were pleased and surprised to learn of his engagement to Miss Wyman, of this city. The wedding will occur in June.

A stock company has been organized for the purpose of purchasing the old Chicago Homœopathic Hospital. Prominent among the men in the company are Drs. Edgar J. George, M. B. Blouke, W. M. Stearns, T. H. Plank, and B. A. McBurney. It will be conducted as a private homœopathic hospital, and on its staff will be found some of the most prominent physicians in Chicago. Plans are being considered for extensive alterations in the building so that it will be modern and complete in every way.

Dr. Edgar J. George spent a few days the past month with his parents at Fairfield, Iowa.

Dr. E. D. Kelly, senior interne at the Chicago Homœopathic Hospital, has resigned his position on account of his health, and has moved to Wilmette, where he will live until he is able to take up the practice of medicine.

Dr. M. B. Blouke has sufficiently recovered from his operation for appendicitis so as to be able to be up and around his home. The doctor was in a very serious condition for some time, but is now gaining rapidly.

The friends of Dr. Carolyne Dewey Beebe, of Denver, Col., were shocked at the news of her sudden death, at her home recently. Dr. Beebe was formerly a resident of this city, and had many friends here. She had been in poor health for some time, but was apparently recovering, and her death was unexpected.

The orificial surgical course given by Dr. E. H. Pratt at Hering Medical College in April was, as formerly, well atended. There was an abundance of material, and those who attended witnessed all manner of operations, and saw the workings of the orificial method. Dr. Pratt taught in his own pleasing manner, and showed the art there is in surgery. The class was large, although many were kept away, as the course came so early that their practice required them to remain at home. His old C. H. M. C. students were present during the entire course, and were well repaid for this attendance.

The graduating exercises of the Nurses' Training School of the Chicago Homœopathic Hospital will be held May 2d in the amphitheatre of Hering Medical College.

A new feature of the examination for the appointment as interne in the Metropolitan Hospital of New York was the holding of the examination at several places. The one for those in this section was held at Hahnemann Medical College, and many took it. The papers were forwarded to New York to be marked.

Dr. G. F. Shears says that there has never been so great a demand for homœopathic physicians as now. He is constantly in receipt of letters from people asking for a Homœopath to locate in their town, and from institutions which desire homœopathic doctors.

The Hahnemann Hospital has just issued a new report of its work for the past year. In it appears the portrait of George E. P. Dodge, who recently died, leaving the hospital $30,000.

The graduating exercises of the nurses in the Hahnemann Hospital Training School will be held the first of June.

The last meeting of the Chicago Homœopathic Association was held at the Northwestern University building, Thursday, April 20th. The annual election of officers was held and the report of the local committee on arrangements for the American Institute was given. A paper on Movable Kidney was read by Dr. T. I. Motter, and was discussed by Dr. B. A. McBurney. The Remote Consequences of Gall Stones was the subject of a paper by Dr. S. F. Shears. It was discussed by Dr. C. E. Kahlke. A bad storm kept many away from this meeting, which was one of the best of the year.

A New Book

From the pen of Dr. William Harvey King on Static, High Frequency, Radio, Photo and Radium Therapy, is now being issued from the press, price, $2.50. Dr. King is the author of Electricity in Medicine and Surgery, this book had a large sale, the second edition being entirely sold out. The new book will undoubtedly meet with the same success. Boericke & Runyon, of New York, are the publishers.

ADDITIONAL GENERAL NOTES.

The April periodicals were largely devoted to the 150th anniversary of the birth of Hahnemann. The North American Journal of Homœopathy published as a frontispiece a fine likeness of the master. The Chironian reproduced a well known picture and published an excellent sketch of his life by Dr. A. Eugene Austin. The Monatsblaetter, of Stuttgart, showed a new picture of the Coethen monument and new views of Meissen. Progress devoted much space to Hahnemann, and other journals gave the occasion due prominence.

A Hahnemann celebration was held in Pittsburg on the evening of April 10th. Dr. C. E. Walton, of Cincinnati, was the speaker of the occasion.

The Michigan State Homœopathic Society will meet at the Otsego Hotel, Jackson, on May 18th and 19th. A fine meeting is looked forward to. Dr. Dean T. Smith, of Ann Arbor, is president.

The Miami Valley Homœopathic Medical Society meets in Cincinnati at the Hotel Sterling on May 2d. It is to be held in connection with the commencement exercises and alumni banquet of Pulte College. Dr. J. Tressler Ellis, of Waynesville, Ohio, is president. There are about ten papers on the program, and the meeting will be an enjoyable and profitable one as usual.

The Michigan Central Railroad will be the most practical one for the eastern membership of the Institute to take to Chicago. The Chicago station is right in sight of the place of meeting, within three minutes' walk, other roads necessitate a disagreeable transfer across the city. Besides, all members of the Institute know of the good service of this road in the past, and besides, once more, one can get a ten minutes' view of the Falls from falls view station, and during the summer most trains run that way.

From the South and West the Chicago and Alton road will be found the best for Institute members to take. It is always in the lead; the serving of the morning coffee in the berths will remind of Atlantic steamer travel, and is as welcome on a train as on a steamship.

The regents of the University of Michigan have just completed a thorough renovation of the homœopathic buildings on the campus. It has been newly painted and decorated throughout, and a laboratory has been fitted up for operative work on the cadaver in the basement. In its interior appointments it is as complete as any building belonging to the university.

The preparations for the American Institute meeting in Chicago are going on apace. The Illinois Homœopathic Society is making great endeavors to give the Institute the best there is in the way of entertainment.

We have received an acknowledgment from Dr. R. S. Copeland for having received the first place in the evangelistic essay competition. He says: "The Medical Century is to be complimented on its good and energetic work for the propagandism of Homœopathy. If I have contributed in any small way to the furtherance of this end, my gratification is complete."

Dr. E. B. Nash, of Cortland, New York, has been invited to give a series of lectures during the coming season before the British Homœopathic Association in London.

It is confidently expected that Harrisburg, Pa., will soon have a much-needed homœopathic hospital. The physicians of that city are very active in the matter.

We have received with the compliments of Dr. W. E. Reily, of Fulton, Missouri, the Missouri Valley Blue Book and Directory, comprising the States of Arkansas, Illinois, Iowa, Kansas, Missouri, Nebraska, Oklahoma, and Indian Territory. This excellent work gives a complete list of the homœopathic physicians practicing in these States. It shows, too, that there is room for a thousand more physicians of our school right in this territory. Dr. Reily is to be congratulated on giving us so complete and useful a directory.

We have received a pamphlet, entitled "A New Operation for Cystocele," reprinted from the American Journal of Obstetrics. The article was writen by Dr. James C. Wood, of Cleveland, Ohio.

Hahnemann's law of similars is now proved to be identical with Newton's third law of motion and with the Golden Rule of the Great Teacher. Dr. Walter has just issued a booklet of 96 pages, beautifully illustrated, some thirty pages of which are devoted to a discussion of the law of vital action, which is shown to be identical with the law of every movement in the universe. Dr. Walter calls it the Law of Success, though it may properly be called the Law of Similars, Law of Effects or Law of Reaction, the real law being that every effect is opposite in direction but similar in kind to the original movement.

Among the articles we note "How Stimulants Prevent Recovery," "What Food Does," Health by Nutrition."

Anyone can have the booklet by dropping postal card to Dr. Walter, Walters Park, Pa.

The Northern Indiana and Southern Michigan Homœopathic Association meets in Elkhart, Indiana, on May 2d. A fine program is the order.

OBITUARY.

Dr. Cordelia P. Hickory,

Of Cedar Rapids, Iowa, died on March 3d, æt. 77. She was the first woman to practice medicine west of the Mississippi River. She was a graduate of the Cleveland Homœopathic College.

Dr. H. R. Worthington,

Of Trenton, N. J., a graduate of Hahnemann Medical College of Philadelphia, died on February 23d.

Dr. L. M. Jones,

Brooklyn, Mich., died January 30th, aged 82.

Dr. C. G. Sprague,

Leroy, Nebraska, died January 18, 1905, aged 66 years.

Dr. A. L. Kennedy.

Of Boston, former instructor in Materia Medica in the Boston University School of Medicine, died in that city on April 13th.

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Practice of Medicine.

HISTORY, CONTAGION, INFECTION AND INHERITANCE OF TUBERCULOSIS.

BY A. W. BLUNT, M. D., CLINTON, IA.

In opening the study of this theme I realize that we have undertaken a task of no mean importance, judged by the interest that is now being shown in it all over our own land as well as in foreign countries. That the great "white plague" is still the opprobrium of medicine in spite of all our knowledge and investigation is all too apparent in the death statistics that confront us every year.

Hope lies in the number and skill of the conscientious workers in this field whose devotion shall be rewarded by victory, though it be fought inch by inch against fearful odds, as all great and valuable achievements up to this time have been. As a part of this organized effort we may do what we can to hasten the dawn of clearer vision and put on a more permanent basis what now seems vague and visionary.

Though the word tubercle is as old as anatomy, the term tuberculosis as applied to a specific form of disease is of comparatively recent origin. The exact date when the term began to express this special disease is hard to fix, but in the decade 1810-20, Bayle and Laennec, of France, were the pioneers in proving that "tubercle is the cause and constitutes the proper anatomical character of pulmonary phthisis."

The word tuberculosis itself was first employed in 1839 by Schoenlein, though himself at that time unconvinced of the specific character of the disease.

Phthisis, literally meaning wasting or consumption, was the Greek name as an expression of the most prominent symptom of the disease. In its generic sense it includes all forms of suppuration, such as abscesses, gangrene, suppurative pneumonias and empyæmias.

Study and research classified these so that since the days of Laennec the term has been used synonymously with pulmonary tuberculosis.

The real history of tuberculosis may be conveniently divided into five epochs. The first includes ancient history when clinical observation was the only source of knowledge, and covers the time from Hippocrates, 400 B. C., to the age of Galen, 140 A. D. Very little, if anything, of permanent value has been handed down to us in their writings on this particular subject. From the time of Galen, for nearly 1400 years, scientific investigation seemed to slumber, and it was not until in the 16th century that the birth of anatomy furnished the first definite knowledge regarding pathological changes and lesions taking place in the body under the influence of particular diseases.

The third period was ushered in by the publication of the discoveries of Bayle and Laennec, in the first quarter of the nineteenth century, wherein tuberculosis was classed by itself as an affection due primarily to the deposit of tubercle, a specific germ not arising from ordinary inflammation.

The discovery of auscultation by Laennec first rendered the diagnosis of the disease possible during life.

Auscultation is an exception in the history of medical discoveries. Of most of them it may be said that they were developed by evolution. This was the creation of Laennec alone. The value of percussion, some mode of which had been practiced since the days of Hippocrates, had been clearly recognized and promulgated in Germany by Avenbruger, half a century before Laennec, through auscultation, was able to differentiate the varied conditions of the lungs, hitherto confounded.

The fourth period was introduced by the inoculation experiments of Villemin, in 1865.

These consisted in the simple introduction of tuberculous matter from the lungs and elsewhere into subcutaneous incisions, behind the ears of rabbits. The wounds healed after slight local symptoms, and when the animals were killed at periods varying from twenty-one to fifty-five days, tubercles were found in the lungs, pluræ, peritoneum and intestines. Hence, Villemin concludes: 1st. Tuberculosis is a specific disease.

2d. It is an inoculable one.

3d. It may be successfully inoculated in rabbits from man.

4th. It belongs, therefore, among the virulent affections, and takes its place in nosology with small-pox, scarlet fever, syphilis and especially with glanders.

Moreover, previous diseases, pneumonia, pleurisy, catarrh and hæmoptysis, though they may increase the liability of the body to infection by the poison in the air, may never directly produce the disease.

These conclusions, clear and precise, were presented to the Paris Academy, exciting intense interest.

A committee was appointed, which, after careful investigation and experiment, confirmed these conclusions in 1867.

The specific nature of tuberculosis and its entire independence of any other affection seemed to be thus established beyond all question.

Investigation was carried on by various observers, and the fifth stage dawned in 1882, when Dr. Robert Koch, who had been working out the theories of Villemin through careful microscopic tests, announced his discovery of a rod-shaped micro-organism, differing from other forms in appearance and a peculiar reaction to coloring matters; this he called the bacillus tuberculosis.

It is described as a slender, motionless rod about five times as long as broad, bent upon itself, with rounded ends, and provided with spores, which represent its permanent form.

Koch declares "that in the future study of tuberculosis we have to deal not with an indefinite mystery but with a demonstrable parasite, whose life history is definitely known.

Our attempts at its destruction are favored by the fact that it is a strictly inside parasite, which may be destroyed by the destruction of sputum, disinfection of clothing, bedding, etc.

"So soon, therefore," he concludes, "as the fact is generally recognized among physicians that tuberculosis is an exquisitely infectious disease, the means of attacking it must develop themselves."

Realizing, therefore, that we have to deal with a subtle foe, we must study its modes, methods and avenues of invasion that we may guard ourselves at the most vulnerable points whence the danger and disaster threaten.

Heredity has been considered as an important factor, and in its broadest sense signifies an inherent weakness of the tissues, which have less resistant power when brought in contact with the poison germ.

General predisposition may be inherited from parents who have themselves suffered from tuberculosis, or those who in consequence of syphilis, alcoholism or other constitutional vice transmit impaired vitality to their children.

The possibility of intra-uterine infection has been demonstrated by some investigators. In one case reported there were tuberculous lesions in the placenta as well as in the child's organs.

Feeble resisting power to disease in general with attacks of bronchitis, pneumonia and chronic catarrhal inflammations of the mucous membranes in nose or pharynx creates a local source of infection. Intestinal and acute infectious diseases play an important part in weakening the vital forces.

No age is exempt. The developmental period of the body is, of course, the most susceptible, the soil, so to speak, being in a receptive condition, while after middle life the hardened tissues resist disease more readily.

Tuberculosis may be comunicated by direct inoculation wherever infective material comes in contact with abraded surfaces or where tissues are directly exposed to its action. Contagion from kissing is possible, and even using the same eating and drinking utensils without careful sterilization.

Infection by tuberculous meat eaten in a partially raw condition has been demonstrated. But by far the most frequent and far-reaching source is tainted milk.

This article being so largely used for food by the very young is accountable for the prevalence of intestinal and mesenteric tuberculosis in children.

Primary tuberculosis in a large majority of cases beginning in the lungs is due to the direct inhabitation of the bacillus. Clinical experience shows that the expired air of tuberculous patients is not infective, the bacillus being found only in the sputum which, when dried, is soon widely scattered in the form of dust, which becomes a principal factor in dissemination.

There are many other points which I might touch upon, but considering the scope of the papers to follow perhaps I have written enough to awaken interest and provoke discussion along this line of investigation. [Rock River Inst. of Hom.]

PULMONARY TUBERCULOSIS. ETIOLOGY, PATHOLOGY, SYMPTOMS AND DIAGNOSIS.

BY E. A. SICKLES, M. D., DIXON, ILL.

[Read before the Rock River Institute of Homœopathy at Sterling, Ill., April 6, 1905.]

Pulmonary tuberculosis may either be acute or chronic. As the acute condition is identical with the chronic, to which is added bronchial pneumonia or lobar pneumonia, and is to this extent more rapid in its progress, I will, in this brief resume, deal only with the chronic form.

Chronic pulmonary phthisis is a pulmonary disease caused by the bacillus tuberculosis. The presence of this germ results in the deposition of tubercle in the lung substance. This in turn undergoes softening and ulceration, resulting in septic infection by streptococcus and staphylococcus. These germs attack the tubercle, the wall of which they penetrate, and liberate the imprisoned tubercle bacilli, which are thereby enabled to pass on to invade new fields and there multiply. So that from one tubercle there are many points of infection, and sooner or later a second maturing results with systemic effects greater than that which accompanies the first inoculation. Thus we have the disease of a mixed type, the tubercle the result of the bacillus, the septic infection the result of the breaking down of the tubercle with attending sepsis.

Pathology.

The deposition of tubercle takes place usually in the apex of the lung, posteriorly, and progresses downward, its location corresponding on the chest walls to the clavicle or supraclavicular spaces. More often the right apex is the first to be involved. Soon the apex of the opposite lung is involved. Rarely the disease begins at the base of the lung. The tubercular nodules may undergo coagulation, necrosis, or break down and form cavities. In a few cases they undergo a calcareous or fibrous change and remain latent. The changes usually take place in the smaller bronchi. The walls of these bronchi begin to ulcerate and soften and gradually break down, resulting in cavity formation. These cavities once formed tend to coalesce and enlarge till larger cavities are formed with irregular shape. This softening erosive action in time attacks the walls of the blood vessels resulting in hæmorrhage.

Symptoms.

Pain may or may not be present. If present it is due to pleurisy, neuralgia or the strain of coughing. Cough is an early and almost constant symptom. It is at first dry and hacking, becoming looser as the disease progresses. The cough is not a reliable indication as to the extent of the pulmonary lesion. The sputum is at first mucous and of a glairy consistency, later it becomes muco-purulent, and contains grayish or greenish lumps. As the disease progresses the amount of the muco-purulent sputum increases, although in certain conditions of consolidation the sputum does not increase in proportion to the severity of the disease. The presence of yellow elastic tissue in the sputum may point to tuberculosis, but is found in other destructive pulmonary lesions.

Hæmorrhage.

Is present in the greater number of cases. A small, early hæmorrhage usually comes from an ulceration and congestion of the walls of the bronchi. The blood is usually mixed with sputum. This is often followed by a feeling of general improvement. Large, late hæmorrhages are often fatal, either from exhaustion and anæmia induced by them or by blood reaching the bronchi of the other lung, causing asphyxiation or septic pneumonia.

Dyspnœa is usually present. The respirations are moderately increased in all cases, and only become rapid from bronchial pneumonia or miliary tuberculosis. Constant dyspnœa usually indicates excessive lung involvement. Fever is the most important initial symptom. The temperature should be taken every two hours for three or four days to know its absolute condition. A regular increased temperature is usually present during the initial stage of the disease. The fever is usually remittent, the minimum being noted from 2 to 6 A. M., and the maximum from 2 to 6 P. M. In the early stages the maximum is noted from 4 to 5 P. M. The afternoon fever is accompanied with flushed face and brilliant eyes. The morning remission is usually accompanied with cold, clammy sweats. In advanced cases the sweating occurs after sleep in the day time or even on any slight exertion, the face and upper part of the body will be bathed in sweat. The temperature also rises following mental or physical exertion. In women there is a rise before the menstrual period. An urinary examination will occasionally show albumen, at other times a condition of phosphaturia.

Physical Signs.

During the early stages the bodily nutrition does not show much change, but as the disease progresses emaciation and pallor result. The border of the lips becomes red instead of the natural vermillion. A hectic flush is seen on the cheeks during the afternoon rise of temperature. The superficial veins of the chest become prominent, especially over the affected lung. The shoulders droop. The intercostal spaces widen and the chest becomes flat with the antero-posterior diameter shortened. The respirations are superficial and increased, with a tendency to cough on deep inspiration. There are slight depressions in the supra-clavicular, and usually in the infra-clavicular spaces. There will usually be found defective expansion in the apex of the affected lung. This is best seen by standing behind the subject.

Palpation will show an increased pulse rate, a diminished respiratory expansion, and an increased tactile fremitus wherever there is local growth of tubercle or extensive caseation. Tactile fremitus is also increased where there is consolidation at the base of the lung; it is diminished or absent in pleural effusion, it is diminished in thickening of the pleuræ it is increased in the latter stage over the site of cavities.

In the early stages percussion does not always tell anything definite. But soon there is a dullness of the percussion note corresponding to the extent of the tissues invaded. This may be found usually in the supra-clavicular regions, but it is rarely noticed until it can be found in the infra-clavicular spaces. It is best to have the patient draw a deep breath and hold it while percussion is being made in order that any change in the apices may be noted.

Auscultation.

In the early stages only feeble breathing may be noticed or the inspiration may be jerky or inaudible and the expiration much prolonged and of high pitch. This last is an important diagnostic symptom. At first the pitch is sharpened, and later distinctly bronchial. Subcrepitant rales are heard in the early stages. Vocal fremitus is much increased unless there be thickened pleura. Resonance is also increased. Inspiration is jerky or without rhythm, and fine, moist rales or a sense of stickiness may be detected at the close of inspiration. As the case progresses rales, both large and small, dry or moist, are audible.

Laryngeal or respiratory crepitation is characteristic of pulmonary tuberculosis, and has rendered it possible to recognize cases before they could be demonstrated by the more stereotyped indications. To obtain the symptom the patient should stand in front of the physician with his mouth moderately open. The physician now places his right hand upon the patient's left shoulder and supports the chin with the thumb of his left hand. He now brings his left ear within two to four inches to the patient's mouth. Should pulmonary tuberculosis be present a fine crepitation will be heard, which is comparable to the scratching of a fine pen upon paper. It is heard both during inspiration and expiration, but is most pronounced during the latter. The intensity of the crepitation is in direct proportion to the severity of the lesion. The patient himself may hear it in a well developed case.

A similar sound is heard during the early stages of acute bronchitis; in these cases, however, it is accompanied by sibilant and sonorous rales. (Blackwood.)

In cases of cavity the percussion note shows a "defective resonance or a tympanitic quality which may at times be purely amphoric. The pitch of the percussion note changes over a cavity when the mouth is opened or closed, or it may be brought out more clearly on change of position. The cracked pot sound is only obtainable over tolerably large cavities with thin walls. It is best elicited by a firm quick stroke, the patient at the time having the mouth open." (Osler.)

On auscultation, the so-called cavernous sounds are heard. These may be distinctly amphoric, or blowing, or tubular, or a sharp hissing sound. There may be coarse, bubbling rales which have a resonant quality, and on coughing may have a metallic or ringing character.

Vocal resonance is greatly intensified and whispering pectoriloquy is heard. The heart sounds may be heard in large cavities at the apex.

The diagnosis of pulmonary phthisis is usually quite difficult, and rests mainly on the history together with the symptoms and physical signs which have been given above. The presence of elastic fibres in the sputum is suggestive. The presence of the tubercle bacilli is conclusive. Absence of the germ on microscopic findings is not conclusive, as they may be found sometimes only after repeated efforts.

Great care must be taken not to confound bronchial catarrh with phthisis. If the temperature is elevated from 2 to 5 P. M., not at all, or only slightly above the normal night temperature in the evening, the probabilities are greatly in favor of tuberculosis. Again, in bronchial catarrh there is no dullness, and moist rales that vary in intensity from one day to another are heard equally on both sides. In phthisis one apex is more involved than the other, and moist sounds not being heard equally low, and after repeated coughs with subsequent deep inspiration the rales are more apt to remain than in ordinary bronchitis.

The value of the serum test among those who have used it extensively is admitted. It is probably one of the best methods of an early positive diagnosis. Reports of the State Board of Health of Illinois say "the value of the serum test is not fully determined."

The value of the X-ray has not as yet been satisfactorily demonstrated.

The Prognosis.

In advanced cases is always grave. In incipient cases there is no doubt that it can be cured.

TUBERCULOSIS OF THE KIDNEYS.

BY M. J. HILL, M. D., STERLING, ILL.

Mr. President and Members Present.

I wish, in response to your request, to discuss very briefly this subject in regard to its etiology, diagnosis and prognosis. Purposely neglecting its treatment for some one who is better able, perhaps, to tell us what will cure or what remedy will be effective in the white plague (as it is often called), and as this special subject becomes one of a general subject when it comes to treatment.

Tuberculosis of the kidneys presents itself in two general forms, acute and chronic. By the acute form is meant the miliary infection seen in cases of general tuberculosis; under the chronic form are classified those slow tuberculous lesions of the glands known in the past as scrofulous pyelonephritis. Acute renal tuberculosis is quite common in the young; in this condition there is a marked tendency to the involvement of the entire urogenital tract, but the tubercular deposits do not attain the dimensions nor undergo the marked retrograde changes which are noticed in the chronic form, the renal lesion rarely produces definite symptoms, and there is no special treatment apart from that of general infection, the presence of tuberculous bacilli in the urine is of diagnostic value, there is no surgical treatment indicated.

Chronic renal tuberculosis may be primary or secondary, the latter being the rule.

In the primary infection, as to its cause and route, it is exceedingly problematical and obscure.

In secondary infection the primary focus may be in any part of the organism in comparison to the total number of cases of tuberculosis. The kidneys are not frequently involved, and the latest authors say the renal and urogenital tuberculosis are not fully understood. It seems there are three forms encountered, the descending form when the kidney lesion is primary. the ascending form when subrenal tissue is first infected, and the form in which various parts of the renal tract are simultaneously infected. "Hamill concludes a large majority are of these descending from the kidney, it being first infected in children." In adults the ascending form are the more frequent. The descending is the more common by far, taking all cases together, male and female, male more frequent than female.

Chronic tuberculosis of the kidney occurs more commonly between the ages of 20 and 45, but by no means confined by these limits; one case has been recorded in a child 3 months old, also well marked cases have been seen in persons of 75 years of age.

In the descending form of tuberculosis the condition at first is usually unilateral, but later on the other kidney becomes involved (ascending from the bladder). In the ascending variety the infection is by lateral. In the descending infection the tubercles are first formed about the glomeruli and by minute vessels, but these deposits may take place in any part of the gland; they gradually break down, and from them the infection is spread by the blood and lymph channels and by congruity. The mucous membrane of the calices and pelvis soon become involved by tubercular formations or diffuse infection. The breaking down of the aggregated tubercles leads to the forming of cavities or tubercular cysts; their contents are yellow-grey, blood-tinged fluid, thick in consistency and of urinous odor, or various ingredients. Tuberculous bacilli can usually be demonstrated in the walls of the cyst but not in the fluid contents; a mixed infection is the rule in advanced cases, and pus is found in the cyst contents; the capsule of the kidney becomes thickened and sclerosed, may present tubercular infection, adheres closely, may be enlarged by a deposit, and the pelvic cavity much reduced in size. In course of time the ureter is commonly infected, its lumin narrowed, and the kidney becomes hydronephrotic or pyonephrotic. Perinephric abscess often complicates renal tuberculosis from contact with diseased adjacent lymphatics, forming cysts which discharge or are absorbed by the kidneys.

Obstruction of the ureters may occur in the ascending form causing pyonephrosis; symptoms are usually absent so long as renal substance alone is affected, but pain develops when the mucous membrane of the calices becomes involved or abscess discharges into the pelvis of the kidney. There is a dull aching in the lumbar region, sometimes renal colic occurs with reflex pain to the penis or other sexual organs; pain increased by motion or position; often the trunk of the patient bends towards the affect d side, as that position relieves the pain; urination may cause pain, referred to the neck of the bladder. Urinary symptoms occur early, later become constant and are important; as soon as the mucous membrane becomes affected pus and blood appear in the urine. Hæmaturia is slight and usually intermittent; if constant there is much less blood than in malignant disease of the kidney or of calculus pyelitis. After abscess has occurred and pus is found in the urine; the urine may again become free from pus by the plugging of the ureter leading from the tuberculous kidney, but the obstruction is rarely permanent. Tubercular matter may be so bulky that it is voided with difficulty; albumni is present, of course, when the urine contains blood or pus, usually depends upon them; later on the inflammation extends in the diseased kidney or its fellow, then develops an essential albuminuria. Urine is usually acid early in history, later, after involvement of the ureters, it becomes alkaline, and now exists a mixed infection; urine is turbid owing to the pus present and colored by its blood, microscopically, pus and blood are nearly always found, but blood clots are rare. Hyaline casts, granular casts, epithelial cells from the kidneys are constant in advanced lesions; renal tissue, connective tissue, elastic fibres are sometimes found, and are of great diagnostic value. Tubercle bacilli should be sought for in all cases; the urine should be fresh and avoid smegma, as it is difficult to differentiate from the tuberculous bacilli.

Physical examination reveals diagnostic symptoms of value. In many cases tumor is noted in the lumbar regions, due to the enlargement of the kidney or renal region, or perinephritic abscess may be outlined by palpation or percussion posteriorly, and may be felt through the abdominal walls; it may feel smooth, rough or fluctuate, and is usually tender on pressure; the enlarged ureter may sometimes be palpated. If the left kidney is involved the spleen will be pushed forward, obscuring, in a measure, the condition of the affected organ.

The general appearance of the patient is that of a tubercular subject. Progressive anæmia, debility and anorexia, digestive disturbances with emaciation and the tubercular cachexia, hectic fever often occurs. Other symptoms may arise to alter the complexion of the case.

The diagnosis is founded upon:

1st. Tubercular family history.

2d. An otherwise inexplicable polyuria.

3d. Apparently causeless hæmaturia.

4th. Frequent urination.

5th. Pyuria developing without other sufficient cause and persisting.

6th. Formation of lumbar tumor.

7th. Tubercular lesions of other parts of the body, especially the genito-urinary tract.

8th. Tubercular bacilli by microscopic examination or inoculation.

9th. Tubercular cachexia.

The absolute diagnostic sign is finding the tubercular bacilli, but it must be remembered these organisms can not be differentiated from smegma bacilli by staining reaction; in every examination avoid this contamination either by the use of the catheter after sterilizing the meatus urinarius or absolute cleansing the glands or foreskin in the male, or the same thorough sterilizing in the female. The various diagnostic points have exceptions when the tuberculosis kidney becomes infected with pus micro-organisms, and this occurs in nearly all cases; the symptoms are those of pyelitis, pyelonephritis or suppurative nephritis; the diagnosis rests upon the bacteriological examination. From the operative standpoint it is very important to find whether one or both kidneys are affected. To determine this the use of the ureteral catheter and injecting the urine drawn from each kidney into susceptible animals, noting which kidney furnishes for each animal; this is the reliable method of determining as to the health of an apparently diseased kidney, as limpid urine may occur from blocking for a time the lumin of a ureter leading from the diseased kidney; after a time the urine becomes torpid from the flow being released from the field of disease. The prognosis is unfavorable when both kidneys are involved. Death is usually caused by cachexia, renal insufficiency and gastro-intestinal catarrh, uræmic poisoning. Spontaneous cure may take place by caseation and incapsulation. In many cases treatment is of little use so far as cure is concerned. [Rock River Inst. of Hom.]

Except for the watchful care and prompt defense of our State and National societies, all homœopathic physicians would have been legislated out of legitimate practice long ago. If you appreciate this enlist in this army of defense and aid in continuing the protection to those who will follow you.

Blackmail suits for malpractice are uncomfortably frequent. An active membership in State and National societies is a most effective shield of defense before judge and jury.

DON'TS IN TUBERCULOSIS.

BY F. J. SCOTT, M. D., ROCK FALLS, ILL.

For the Physicians.

1. Don't become a crank on tuberculosis.

2. Don't forget that the three early and most reliable signs of tuberculosis are loss of flesh, an annoying cough and rise in temperature.

3. Don't forget the three great sources of danger, expectoration, milk and meat.

4. Don't try to keep your patient from knowing that he has tuberculosis.

5. Don't allow patient to exercise when temperature is two degrees above or below normal.

6. Don't allow patient to exercise who is spitting blood.

7. Don't allow lifting or straining.

8. Don't fear night air in your patient's sleeping room.

9. Don't fail to secure proper ventilation for your patient's sleeping room.

10. Don't forget that twice breathed air is dangerous and poisonous.

11. Don't allow any impure food.

12. Don't allow patient to eat at all hours.

13. Don't forget that moist expectoration holds germs, while dry expectoration liberates them.

14. Don't forget that consumptives may be associated with us as though they were well if they use due care.

15. Don't forget that it is not the consumptive but the careless consumptive who is dangerous.

16. Don't fail to advise and secure proper disinfection after a death from consumption.

17. Don't forget that each of you may contribute to the stamping out of the white plague.

For the Consumptive.

1. Don't swallow expectoration.

2. Don't spit on floors of any room or building, on the sidewalk or any place where the expectoration can dry.

3. Don't fail to supply your rooms with spittoons in which is constantly kept a liberal supply of a standard disinfectant.

4. Don't allow expectoration to get on the bedclothing.

5. Don't fail while away from your room to be prepared to properly care for the expectoration.

6. Don't spit in a pocket handkerchief, as opening it out fills the surrounding atmosphere with disease germs.

7. Don't fail to have plenty of air in your sleeping room.

8. Don't fail to use plenty of disinfectants in your room.

a. Don't cough without holding handkerchief over mouth.

9. Don't fail to have all your clothing washed separately from other people.

10. Don't fail to burn or disinfect all excreta.

11. Don't nurse your child if you are a consumptive mother.

12. Don't infect sleeping cars when traveling.

13. Don't allow a room to be dusted with a feather duster. Use damp cloths or tea leaves and sawdust for sweeping. Boil the cloths and burn the tea leaves and sawdust.

14. Don't fail to retire early.

15. Don't sleep after sunrise.

16. Don't eat with soiled hands.

17. Don't use intoxicants.

18. Don't use patent medicines.

19. Don't sleep in houses if you can get tents or shacks.

20. Don't worry.

21. Don't work.

For the Predisposed.

1. Don't forget that the disease is almost never hereditary. It is acquired by careless association with the diseased; therefore, proper care will enable you to avoid it.

2. Don't fail to live much in the open air. Learn to "rough it." Keep in the best possible condition.

3. Don't fail to consult your physician about even slight departure from health.

For Everybody.

1. Don't forget that consumption is not a source of danger to others so long as the consumptive is careful.

2. Don't forget that in the carelessness of the consumptive lies the greatest danger.

3. Don't fail to insist on compliance with the rules laid down above.

4. Don't sleep with a consumptive.

5. Don't kiss a consumptive.

6. Don't use spoons, knives, forks and other utensils until after they have been thoroughly boiled.

7. Don't fail to use the utmost care in the disposition of the expectoration.

8. Don't move into a house or a room previously occupied by a consumptive until it has been disinfected.

9. Don't fail to keep all rooms occupied by a consumptive scrupulously clean. Dispense with all unnecessary draperies and carpets.

10. Don't fail to disinfect the room and furnishings of the consumptive every four weeks.

11. Don't purchase milk from a consumptive dairyman or dealer. [Rock River Institute.]

SANITATION IN TUBERCULOSIS.

BY F. W. GORDON, M. D., STERLING, ILL.

There is no greater subject that could come before a medical society for consideration than the one we have to-day. Pulmonary tuberculosis is known and much dreaded all over the world. There is no nation exempt from its ravages. The young, the middle aged and the aged alike are its victims. Until recent years it was generally supposed to be incurable, and that whoever was so unfortunate as to be possessed of it must inevitably succumb sooner or later. Thanks to the marvelous strides in the domain of medicine within the last twenty years, we are enabled to encourage those thus afflicted, and to assure them that with prompt, rational and persistent treatment, victory and the richest of heaven's blessings, good health, may crown their efforts.

It is now generally conceded, I believe, that tuberculosis is the cause and not the result of consumption. It is also generally admitted that our mortal bodies are possessed of germs innumerable and of manifold varieties even in health; but that such germs are not only harmless, but must of necessity be an aid to health, as well as the cause of many diseases. If this be true, then whatever tends to depress or in any way interfere with the laws of health must to that extent invite disease, and a multiplicity and increased activity of disease germs. Hence the importance of strict attention to sanitary and hygienic laws under all circumstances and in every walk of life. To do so persistently is to reduce disease to the minimum, and well-nigh do away with the necessity of medication. Statistics inform us that the tubercle bacillus has the lion's share of victims, and that about one in seven dies of that much dreaded disease, tuberculosis. How supremely important then that we make haste to fulfill the requirements that Nature demands, and thus circumvent any efforts of the enemy that is ever lurking about and constantly watching for an opportunity to get possession. Whenever signs of his presence are noticed redoubled vigilance should at once be exercised. If the individual be single, marriage should not be thought of, certainly not until health has been fully restored and remained so for six months at least or longer. The home should be situated on high and dry ground, where plenty of sunlight pervades every room. The rooms should be large and should have an abundance of fresh air day and night. A reasonably high altitude and change of climate is generally to be preferred, especially where the disease is not too far advanced, and where one can be surrounded by friends and the comforts of home. Life in the open air is the one great thing to be sought, wherever the locality and whatever the climate. For this purpose tents are much in evidence nowadays, and promise to work wonders for the consumptive who avails himself or herself of the opportunity soon enough and with proper precautions. This course may be pursued, even in winter for the most part, and in cold climates as well as in warm. Of late years, New England, with her frigid climate, has clearly proven that consumption may be cured by these methods. Recent experiments have demonstrated that it is not so much a change of climate that is demanded as a change of environment. Illinois is now making a test of the tent-life plan with prospects of success, and if our legislative Solons can be made to see the necessity of a liberal appropriation, and then are wise enough to act accordingly, we may soon see results that will compare favorably with those obtained on the foothills and uplands of sunny Colorado. For the early stages of tuberculosis the mountain regions or pine woods, where the air is pure and sweet, being free from the contaminations of thickly settled districts, the chances of recovery are probably greatest, especially if one can be comfortably and contentedly situated. For some the seaside or a sea voyage may be of greatest benefit.

In sanitation, as in medicine, we must remember that there are no two cases precisely alike, and that what will benefit one may have the opposite effect upon another. For this reason some of our best authorities advise those who are physically and financially able, to seek such climate and conditions as may best agree with them. While too much stress cannot be laid upon outdoor life, there are many other things that must not be neglected.

Abundant but moderate exercise in the open air, full but not violent inflation of the lungs daily are desirable. Reading aloud or singing is advised by some authors. Frequent bathing in water as cool as one can comfortably endure, followed by brisk rubbing with a coarse towel, is valuable in some cases. The clothing should generally be woolen and adjusted to temperature and circumstances. If exposed to severe weather, a scarf should be worn over the mouth. Dust of all kinds should be avoided as much as possible. Abstinence from all alcoholic stimulants of every description and from tobacco and coffee is necessary. Kissing should not be indulged in.

To prevent contagion there is nothing so important as the proper care of the sputum. Authorities are now generally convinced that consumption is contagious, and that it is communicated from one to another principally by means of the bacillus-loaded sputum. While moist, it is said to be harmless, but if allowed to dry the germs may float in the atmosphere or lodge on food or clothing, or be taken into the throat or lungs through the breath, and thus inoculate those with whom they may come in contact. There is, however, but little danger of inoculation among those who are in every way vigorous and healthy. It is those who are "below par," so to speak, that are in danger from this source, a warning indeed to all of us that should not pass unheeded. Great care should be taken that the sputum is received in cloths and burned, or into a vessel containing a disinfectant. When coughing the mouth should be well covered with handkerchief or other suitable article, thus preventing the escape of any particle that might give rise to infection, and all such articles must be disinfected or burned before drying. The fingers or thumbs should not be moistened with saliva when handling books, papers or money, or anything, in fact.

No person should occupy a room previously occupied by anyone suffering from tuberculosis in any form until such room or rooms have been thoroughly disinfected. I fear I have already trespassed upon the domain of others on our program, and will omit to speak of sanatoriums, except to say that I heartily approve of them when properly conducted, and I am of the opinion that many cases can be more successfully treated in such an institution than in any other way.

This king of maladies known as the "great white plague" still bids defiance to all our efforts, although there are brighter prospects before us. Our responsibilities are great, but let us strive faithfully to stay its ravages, and those of all other ills that beset us, and may we live to see success crown our efforts. [Rock River Inst. of Hom.]

Therapeutics.

SOME HEART REMEDIES.

BY ERNEST P. MILLS, M. D., OLATHE, KAN., PRESIDENT KANSAS STATE BOARD OF HEALTH.

Among the many classifications of remedies having prominent heart symptoms is this: Those useful during broken compensation and those that are indicated while compensation is maintained.

When a heart that has been doing extra work, overcoming a regurgitant or stenosed valve, uses up all the reserve power at its command, urgent symptoms develop and relief must be afforded or remedies will no longer be needed.

Digitalis and drugs having like action are the ones most often indicated under such circumstances. In Digitalis we have a drug that has been much abused, but one that does and can do its work well and faithfully. It has a decided elective cardiac affinity, stimulates the cardiac nerve ganglia, and also in a direct manner the heart muscles. Given in physiological doses it slows and strengthens the heart beat. It also, through the centers in the medulla, causes contraction of the arterioles, increasing the arterial tension. It is an irritant to the stomach and bowels, is slowly eliminated, and has a cumulative effect. The symptoms of failing compensation and the attending venous engorgement as faint second sound, blue lips and finger-nails, œdema of ankles, dyspnœa, even to orthopnœa, bloody, frothy expectoration and venous congestion of liver, kidneys and other organs, will be found under Digitalis. The drug is contra-indicated during stage of compensation or where there exists a very high degree of stenosis or muscular degeneration.

Strophanthus is very similar to Digitalis in its action, but lacks the vaso-constrictor effect, is more of a diuretic, and neither disturbs the digestion nor does it become cumulative. Is indicated in weak, dilated hearts, especially following mitral stenosis; controls irregular action, dyspnœa and pain; palpitation in tobacco hearts. Is a safer remedy than Digitalis for the failing heart in arterio-sclerosis, and is better for children and old people.

Cratægus is rather uncertain; when it works it does remarkable things, but it doesn't always work, even when you think it ought to. It acts through the vagi and slows and strengthens the contractions. Its principle use is very late in stage of failure with great amount of dropsy; extreme dyspnœa on least exertion; heart dilated, first sound, weak or a mitral regurgitant murmur present. Tachycardia, irregular and intermittent.

Convallaria is to be thought of in cases where the heart has dilated rapidly without much hypertrophy, extreme venous stasis.

Other agents—stimulants in character—as alcohol, strychnine, etc., together with proper adjuvants as complete rest, nourishing but easily digested foods, may need to be used to tide over the crisis in affairs.

After the immediate danger is passed and compensation has been restored, or before it has been lost, there are other remedies to be studied, the similia to be selected and nature aided in her efforts to repair the lesion which may exist.

We might make a comparison between heart troubles and intermittent fever, the similars in the equation being the paroxysm of the fever and the crisis of failing compensation. There is one thing true, at least, and that is that the symptoms which mark the comparatively healthy period are the ones which will most surely point to the curative remedy.

Rheumatism being the most common cause of organic heart disease, the rheumatic remedies, Aconite, Bryonia, Rhus toxicodendron, Colchicum, Kali carbonicum, etc., will be often in the prescriber's mind.

Cactus has the well known symptom, sensation as if an iron band constricted heart. (Iodium, sensation as if the heart were squeezed together; Lilium tiglium, alternately grasped and released; Lachesis, constriction on awakening). Great irregularity of heart's action, intermittent pulse, < by walking or lying on left side; valvular murmurs.

Spigelia is our most palpitating remedy. Irregular rhythm, rapid and so violent as to be seen through clothing and even heard at some distance. Palpitation dependent on valvular lesions. Least motion, lying on left side or with head low aggravates, as does damp weather. Sharp pains, stitch-like, in cardiac region, and great dyspnœa help to complete the picture.

Kalmia is similar to Spigelia, and is said to follow it well. Kalmia has oftentimes remarkable slowness of pulse, alternating with nearly so violent palpitation as Spigelia. The Kalmia rheumatism, like that of Cactus, reaches the heart from above (Ledum comes up), and the pains shift suddenly. This last reminds one of Pulsatilla, but Kalmia is the better remedy in migratory rheumatism.

Spongia is one of the remedies in aortic insufficiency. It has—awakens after midnight with sense of suffocation and precordial pain. (Digitalis has a sense of losing breath as one goes to sleep, preventing rest.) Has violent palpitation with dyspnœa, hard, full and frequent pulse, and a blowing sound over heart.

Iodium is another drug in aortic insufficiency (Aurum metallicum still another). Naturally we expect to find violent palpitation, constant, heavy, oppressive pain in region of heart with sharp, quick, piercing pains, with great restlessness.

Lycopus is our best remedy for that form of persistent tachycardia found in exophthalmic goitre. It has the increased heart action, the enlarged gland, protruding eyes and oppression of chest. Of course, it acts, if indicated, to slow and steady an irregular pulse if Grave's disease be not present.

Arnica will be thought of in cases of acute dilatation if caused by extreme muscular exertion. It is also useful in chronic valvular disease if overwork be the cause.

The list of heart remedies has not been exhausted, but doubtless your patience has, so this essay will be brought to a close.

"THE CURATIVE POWER OF THE HIGH POTENCY, IS IT MIND OR MEDICINE."

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

In presenting a paper that has to do with the potency question I am altogether conscious of the time-honored, and withal most idiotic contention, that such consideration is fraught with menace to the homœopathic profession. When I remember, however, that the law of similars, the single remedy and other principles distinctly homœopathic are not ridden to death at medical meetings, I do not entertain a very serious pity for the potency in its supposed lonesomeness. On the other hand, just why the potency question should not receive the fair, impartial investigation which its profundity deserves is mystery, and I fear will remain so for some time to come.

Those fearful, sensitive souls, who always take to the underbrush when this very attractive problem is up for discussion, do so under the silly pretext that it is after all a matter of "personal experience," and they are famous for avoiding both the discussion and the personal experience.

I have no desire to claim that all curative efficacy rests in the high potency, but I do affirm that its neglect is an injustice to a rational procedure in medicine. At the same time he who refuses to give due credit to the lower potency is equally guilty of a dangerous bigotry, because he refuses to attest the fact that it is the patient's susceptibility and not the prescriber's fixed dogma that must determine the potency.

Homœopathy finds its best opportunity in the hands of the practitioner who is wise enough to withhold decision in the matter of potency till each individual case shall have given him the cue, and who is then broad enough to apply that potency, be it high or low.

We must be brought to realize that the extremist is unsafe, and that it is not a question of high potency or low potency, but simply of potency; and he who fully understands the question finds no difficulty in running the scale from the 1x to the cm. I entertain the same regard for the bungler who fills his patient with 10 grain slugs composed of from two to six drugs that I have for the complacent donkey who claims to cure lovesickness with sugar of milk that has been triturated after an exposure to the bewitching smiles of a female Hottentot.

It is not at all necessary to become an ultra high potentist or an ultra low potentist in order that one may reap the peculiar benefits of each. The ultra crudist closely fits the expression of Herbert Spencer, who says, "Now there is abundant proof that not only during Mediæval days, but in far more recent days, the efficacy of medicines was associated in thought with their disgustingness, the more repulsive they were the more effective, . . . and there prevails in our own days among the uncultured and the young an ingrained mental association between the nastiness of a medicine and its efficiency. So much so, indeed, that a medicine which is pleasant is with difficulty believed to be a medicine." Contrasted with this the ultra high potentist revels in the other extreme, and each fails to realize that happy mean where Homœopathy expresses itself most beneficently. That the high potency is a philosophic factor in progressive medicine there is now no well defined doubt, and it would seem without the range of well regulated mental activity to attempt its explanation as a matter of the mind. True, the materialist who cannot be made to see anything he cannot see insists that the problem be settled either as a question of the infinite divisibility of matter or else the peculiar inherent magnetism of the prescriber; but just here he becomes more or less ridiculous because he inadvertently admits that a power is manifest, and he then argues thus: If the high potency cured the patient it was a matter of mind and not of drug. If the high potency failed to cure, there was neither mind nor drug, and he forthwith closes his shell without explaining the failure of the mind influence in the latter instance. Then, too, he argues that the lower potency (say, the 12th) gets its curative efficiency from the infinitely divided drug particles, and that the mind does not enter into the question, and I confess that I am at times tempted to accept the latter premise, especially when I see the prescriptions that are made.

The theory of the infinite divisibility of matters has yet to explain away the contradictory fact that particles of Silicea, Graphites or Lycopodium will not act as promptly in the 3d degree of divisibility as will Belladonna, Aconite or Gelsemium particles. And certainly if it were a matter of mind, the 3d of one drug would act as promptly as the 3d of another, and there would be no difference between the 12th and the cm. of any of them. Furthermore, if it be a matter of mind cure, what is to be the explanation of the failure of mentally endowed alcohol labeled Sepia, to cure a case whose symptomatology calls for Rhus toxicodendron, or, if you will pardon an illustration, let us suppose that Dr. A is called to the bedside of Mr. B. Now Mr. B has faith in Dr. A or he would not have sent for him. Dr. A has faith in his ability to relieve Mr. B, else he would not go. Dr. A hears the symptoms, and prescribes Nux vomica, and he renders to that drug and to that potency all of the mental endowment that any drug or any potency has ever received. Mr. B fully believes he will find relief from the powders (ignorant that they contain Nux vomica), and he takes them. Within a few hours Dr. A is again called to prescribe for Mr. B, having failed to afford him the slightest degree of relief. Now Dr. A has less faith in himself since he failed, and Mr. B entertains a similar degree of scepticism for the same reason. Dr. A again takes the symptoms and prescribes Bryonia in the same potency, but with less faith than that with which the Nux vomica was given, and Mr. B (ignorant of the fact that it is Bryonia) takes it with less faith, because the former prescription had failed. Within a few moments Mr. B. is relieved and asleep, and either doubt or a high potency has effected the result. Every one of my hearers has experienced this supremacy of the properly selected drug power over the obstacles of ignorance and doubt, and certainly were it a matter of the mind our first prescription would always be our best prescription, and I am free to confess that I do not see how we could ever fail to cure with that first prescription, since its mental accompaniment must be superior to any that may follow.

The fact is, it is neither the infinitely divided particles nor yet the mind that performs the cure when the high potency is administered (or the low potency either for that matter), but rather the dynamic influence, which, after all, is the drug. And yet this does not deny that suggestion has its influence as an adjuvant, or that particles are subject to infinite divisibility, and if you are the happier in believing that the high potency carries a minutely divided particle, or several of them, I would not rob you of one iota of that happiness, for I declare to you I do not know whether it is true, and you may enjoy all the bliss that my ignorance and yours can afford you.

Psychology.

MENTAL MEDICINE IN CO-OPERATION WITH MATERIAL.

BY L. E. WHITNEY, M. D., CARTHAGE, MO.

[Read before the Missouri Institute of Homœopathy at Kansas City, Mo., April 24, 1905.]

Less than twenty-five centuries have elapsed since Hippocrates, the father of medicine, was in active existence upon earth, and granting that the science, of which he is said to have been the progenitor, probably antedated its father by several centuries, still, with our present knowledge of the antiquity of the human race, we must conclude that there were cycles of ages before either the time of Hippocrates or of the noble profession of which he was a member, when the earth and the inhabitants thereof in some way survived, without the benefits of medicine, and there is, furthermore, evidence sufficient to sustain the belief that during all this period "man grew and multiplied, and replenished the earth," very much after the fashion of the present time.

Indeed, comparing the age of medicine with that of the race for whose protection it came into existence, it seems yet to be but a callow youth; however, with familiar youthful characteristics it is with difficulty made to realize that the world ever managed to exist without it, or would not straightway be forced out of business if it should take its departure.

Familiar as we are with the nature of man, his amenability to disease and his inevitable ultimate dissolution, conditions which we know must have always prevailed, it is a logical conclusion that during the ages prior to the beginning of the use of material agents for physical relief, there must have been some other medium of cure, and that such medium was not one external to the individual for whose benefit it was brought into activity. It is, therefore, a reasonable postulate, and, as such, accepted by scientific investigators, that for untold ages suggestion or psychic force, in some manner of application, was the only therapeutic agency available to man.

This premise is strengthened by the fact that newly discovered and uncivilized peoples are usually found depending upon some mental, suggestive, or, as usually denominated, superstitious measure as their mode of cure; indeed, such recent testimony as that of the American Indians, whose civilization has largely taken place within the memory of many of those present, indicates that the means formerly employed by them for this purpose was some form of voodooism, and it must be acknowledged that there is little to sustain the arrogant attitude of the medical profession toward mental healing, in the testimony obtained from the older members of the tribes, to the effect that crude as the practice seems the results thereof were little less satisfactory than those which follow the more scientific and orderly methods of the present day.

Mental healing has at no time in history been an entirely lost art, there never having been a break in the practice and teaching of the same by the Yogi philosophers of the Orient, nor a time in any land when there were not occasional instances of healing by some occult practice; yet, during the more recent centuries, in which medicine has been progressively crystallizing into something approaching a science, and especially among the more enlightened peoples of Europe and the Western Hemisphere, the latter method of cure has so persistently ignored or scorned the force which was its predecessor as custodian of the world's health, as to almost completely relegate it to oblivion, and even now the ignorant prejudice which is entertained by many of the members of the medical profession toward all systematized mental therapeutics is only equalled in virulence by the hatred which the latter unite in returning. As a result of this mutual hostility there is an unbridged gulf between the forces of mental and material medicine, and the psychic factor in professional life continues in an undeveloped state.

But the dawn of the twentieth century is here, and its growing light already reveals the throne of prejudice, from which the blighting finger of superstition and incredulity has for ages stayed the progress of investigation into the realm of the occult, now tottering to its fall; and in its place the spirit of scientific research is donning the regal robes, and extending a welcoming wand toward truth, regardless of its ancestry, or however iconoclastic may be its message; and as a result, the hidden recesses of the unknown are being invaded and thrown open to investigation. In relation to this inquiry, says Halphide, "there is no science to-day confronted with such momentous questions as those presented to psychicism for solution. The answers to these problems are demanded by an impatient, anxious multitude, to whom such answers mean more than life or death."

But, unfortunately, the profession which, because of its intimate relationship with the most serious problems of existence, should be filling the role of leader in this research, is, with its opportunity lost, now obliged to join the ranks of the students in psychology, and, sitting humbly at the feet of its patrons, accept their guidance into the hidden but fertile field of mental therapeutics.

It could not be expected that a force of sufficient potency to be depended upon for multiplied ages as the sole conservator of the health of an entire world would remain buried among the wreckage and rubbish of the forgotten past, and it is, therefore, not surprising to see it emerge as it has during the last quarter of a century shown evidence of doing, to again contend for its legitimate and rightful place as a curative agent. Nor need it be a matter for wonder, considering its long period of desuetude, and the consequent almost universal lack of conception of its real character, that it should be found clad in the diversified, seemingly inharmonious, and even extremely ludicrous livery in which it is seen masquerading at the present time; indeed, it must be acknowledged as an incontrovertible argument in its favor, that even though it be clothed in the rags of ignorance, smeared with the slime of superstition, or buried under the chaff of unnecessary or impossible theories, it is nevertheless capable of adapting itself to such conditions as may exist, and its efficacy is neither destroyed nor materially lessened thereby. Ignorance of this peculiar faculty of adjusting itself to widely varying conditions is the occasion for much of the animosity existing between the different classes of those making use, in various ways and under various names, of mental therapeutic suggestion, each claiming that his is the only true system and sustaining such contention by citing the cures resulting therefrom, not knowing nor believing that those following other methods are quite as genuine, and produced by the same mental force, the difference being only in the external or physical means used to excite it.

That the mind is capable of so influencing the organs of the system as to stimulate normal activities and correct abnormal ones, or, expressed more concisely, that the mind controls the body, is so well established as to admit of no question. If evidence of this statement is required, it is only necessary to recall the well known physical results of fear and anger, the numerous authentic instances of death resulting from suggestion or mental shock, of recovery consequent upon joy or urgent necessity, or the recent demonstrations of Prof. Elmer Gates, that centering the mind upon a certain part results in an increased flow of blood there sufficient to be estimated in additional weight, and also his collection in perceptible physical substance, capable of reproducing its kind in the system, the material product of the various mental emotions. Every physician realizes that it is not his drugs which cure, save as they urge into activity the inherent powers which govern the various functions, the aggregation of which constitute normal existence; that his efforts are solely to assist nature, and nature is but the mind or master workman operating through and manifesting itself in the activities of the cells which compose the human organism, each cell of which is not only, says Hudson, "an individual entity, a living creature, capable of performing all the functions of animal life," but is in itself a miniature mind, endowed with all the attributes of intelligence.

The body being thus, as we know, but a systematized aggregation of cells, it follows, as asserted by Virchow, that "a disease of the body is a disease of the cells of the body," this being true, whether the means employed be a mental or material one, its operation must be upon the individual cells, and what can be simpler or more reasonable than that the eradication of a disease of a cell is within the province of the force which is in communication with, and in control of it? The question being simply as to the method of bringing such controlling force into proper activity.

The underlying principles of mental therapeutics are few and simple, yet their recognition is absolutely essential to success. There must be on the part of the operator, whether designing to influence his own body or that of another, an unwavering confidence in the capabilities of the force invoked, and a passivity, amounting at least to willingness, on the part of the recipient. The former must be grounded upon some theory which appeals to his own peculiar degree of intelligence, and, however assailable it may seem to another, is to him wholly impregnable and admitting of no question; while with the latter, though a well defined expectation of favorable results may not be realized, there must be, if he has reached the age of reason, a measure of confidence in the operator, and a degree of faith in the capabilities of the power to be brought into exercise. Of the latter he may be wholly unaware, for, as Leavitt remarks, "the most of our thinking is done below the plane of consciousness," but that a spark of faith, conscious or unconscious, is indispensable, is not only universally recognized, but in the ratio in which it is present will the hoped for results be realized.

Paracelsus recognized the value of this element and asserted that "it is faith that gives power, unbelief is a destroyer." Hudson emphasizes its value, saying that "when faith is perfect, methods of healing are of comparatively little importance," and even Jesus, whose right to be regarded as the Prince of mental scientists, is no less incontestable than that accorded him as the Prince of Peace, was himself subject to this condition, for we read that at one place "He did not many mighty works there because of their unbelief," and His disciples made failures on certain occasions because of their lack of faith.

But while faith may primarily be purely emotional and transitory, to be lasting and effective it must be based upon reason, and while it is easy enough for the unlettered denizens of the forest to be convinced that their sufferings are due to the visitation of a diabolical spirit and their reason is satisfied with the explanation that some fetich ceremony will drive it hence, as man rises to higher planes of intellectuality and the horizon of his mental vision recedes it admits within its ever widening boundary a corresponding number of questions and problems, and since every proposition must be met with a ready solution the basic principle upon which a reasonable system of mental therapeutics is to rest must be one so firm and comprehensive as to be moved by neither investigation, criticism nor ridicule. But, fortunately, underlying every real truth there is a law, and nature's laws are as firmly fixed as the universe, hence a theory which roots down into, and takes hold upon them, is in no more danger of being shaken than are the celestial bodies; therefore, a faith which is based upon such a theory becomes a part of one's self and is not subject to change.

Science teaches us that, carried to its ultimate analysis, there is but one life, one power, one energy, that as the life of the body is the same as that which is manifest in the individual sells composing the body so the force which holds the earth in proper relation to the universe is the same which holds together the minutest atoms, the aggregation of which compose the earth, and the same that causes the growth of animal and vegetable life upon its surface; that the energy which unfolds the petals of a rose and diffuses its fragrance through the surrounding air is the same which hurls the cap from Mt. Pelee and leaves a city in ruins at its base, and the same also which paints upon the human cheek, in rapid changing tints, a picture of joy, of shame, or of fear. Every manifestation of what we call life or death, development or degeneration, either in organized or unorganized matter, is an exhibition of the same primary power.

It matters not by what name we call it, either to the power which is acting, or to that which is acted upon; science prefers to call it Nature; philosophy styles it the absolute; physics calls it force; psychology terms it the mind; theology teaches us to bow our heads in reverence as we speak the word, and calls it God; but by whatever name it may be spoken, it is the "infinite and eternal energy" which has created and still creates all things, of which, like the air he breathes and the rock upon which he stands, man is a part.

That it is an intelligent force is shown by every part conforming to the laws which govern it, there being no law without intelligence; since it is universal. it follows that there must be a universal intelligence, and man being a part thereof, his individual mind or consciousness is a part of this universal intelligence. Since the body is controlled by the mind, and the mind is a part of this universal intelligent energy, this primary creating force, he is, therefore, in line with that force, a part of it, and through the action of the mind can draw upon its unlimited supply for such strength as may be needed to supply deficiency or restore equilibrium to any part in which such need is manifest.

Once these facts are so firmly fixed in the mind that they become a part of one, as much so as the belief that the earth is round, or that two and two make four, a foundation is laid which is so invincible that a trust established thereupon cannot be shaken, and the step from this point to that of the practical application of the same is an easy one, for as one thinks a thing and believes what he thinks the belief takes expression and physical changes in the direction of such thoughts follow.

In other words, if one *thinks* health it will be given unto him; if he *thinks* strength, it is his to develop to the extent of his need; if he *thinks* energy, there is an infinite and eternal universe of it, with which his subconscious mind is in intelligent communication, only awaiting his command to draw upon it.

This process cannot be better described than by quoting from a personal letter from Dr. V. C. Lewis, of California, one of the most scientific and successful teachers and practitioners of mental medicine of the present day: "I work from the hypothesis that every form of disease is some form of weakness, and that raising the vitality of the diseased organ or organism will restore the normal condition. This I do by knowing that we are not only in infinite energy, but it is our very flesh, blood, nerves and bones. *Matter is force, is energy*, not weakness, and this consciousness raises the energy of the patient. I do not try to think of my patient as being well, but I think 'you are energy, you are man or woman the expression of this law of power and harmony," and I do this just as I would think of a bar of steel, 'it is hard; it is fine; it would stand such and such strain;' I know that it is steel, and I also know that my patient is energy, is life, expressed as man, woman or child, and as such he is spirit, he is infinite and eternal intelligent energy. I think this because such is the case, and the subjective mind, which controls all growth and nutrition, receives what one thinks, and manifests it, having no choice in the matter, any more than a piece of wax when you press your hand upon it."

By this course of mental action is established a physical growth toward the normal which knows no limit, and need not cease until there exists complete harmony, which is the synonym for health.

But the question at once suggests itself, if by this process, which seems so simple, the subjective can be so spurred into activity as to cause an appropriation of energy adequate to restore normal function, why is it not all-sufficient, and why is there occasion for a co-operation of mental with material medicine? That such an opinion is entertained by many enthusiastic advocates of mental therapeutics must be acknowledged. Even Leavitt says: "I am ready to admit that there are few barriers which the mind cannot leap," but it must be remembered, again borrowing the language of the same writer, that for centuries "medical theory and practice has had its tap root in materialism," and during this period there has been an almost universal mental association of sickness with the necessity for drugs, and these impressions, which were hereditarily strengthened with each generation, have become so intrenched as "subconscious memories" as to be well-nigh unconquerable. They are ever present, and unless one's confidence in the adequacy of mental therapeutics is equally well established they serve to impede or wholly destroy the action thereof.

It is the common lot of every new or recently revived therapeutic agent to be forced to run a gauntlet, on the one side of which are marshalled those who are at once ready to adopt it and straightway exploit it as a panacea for every abnormality to which the flesh is heir, while arrayed upon the other are those who are so rooted and grounded in prejudice as to be incapable of believing that there is virtue in anything which was not handed down to them as a direct legacy from their fathers.

Mental therapeutics is no exception, and before it can hope to be accorded anything approaching the degree of acceptance, or elevation to the high plane of usefulness of which it is worthy, it must be the subject of a campaign of education, as to its limitations no less than its capabilities. It must not only be protected from its enemies, but delivered as well from its hyper-enthusiastic friends, and established upon an unprejudiced scientific basis.

It must be dissociated from the fakir who goes about in the supposed face and fashion of the deity, dispensing its virtues by means of articles which he has blessed, at a dollar per bless.

It must be preserved from the would-be monopoly of those who first dress it in a garb so grotesque as to make it ridiculous, then create of it a religion, and finally further clothing the leader of their cult with divinity. It must be entirely freed from the idea of its being a religious process, for there is no more religion in curing by mental suggestion than by a cathartic pill.

It must not be expected to invade, to any great extent, the realm of operative surgery, to reduce dislocations and fractures, or to perform other like tasks which belong distinctively to the province of the material. It must not be presumed to raise the dead, replace lost limbs, or to accomplish other impossibilities, or to perform pyrotechnic stunts purely for the aggrandizement of those promulgating it.

It must not be regarded as a force so jealous that it will refuse to work if yoked with and asked to act in conjunction with material agencies, for, on the contrary, it is in constant co-operation with the latter, nor can any man tell what part of the beneficial action following a medicinal prescription is due to its voluntary operation.

It must be recognized as a law of nature, and like all such, it operates most successfully when following the line of least resistance or that of harmony.

Given right conditions, it can be of inestimable service to any one who will use it: but like the seed which is capable of yielding an hundred fold, if it falls upon barren soil it will perish without product.

Like the Marconi wave, which, though it may traverse unmeasured distances, can only impart its message through the apparatus which is tuned to vibrate in unison with it.

And why should there not be harmonious co-operation between the agencies of mind and matter in their combat with disease? Both are products of the same primary force, and the operation of each is in accordance with laws, and nature's laws do not conflict; two elements which are in harmony with a third must necessarily harmonize with each other.

As is generally understood, the violation of a law of nature is punishable by suffering or death. In their efforts to avert this penalty each system of cure is alike confronted by certain conditions which must be met before it can be successful. Since these are often impossible, each alike is compelled to record frequent failures. Many times these conditions, while unfavorable to the successful operation of one, are favorable to another; hence, one may succeed where another fails.

In the ceaseless combat against the grim monster whose frequent visits leave behind a legacy of pain or snaps asunder the feeble thread by which we hold our loved ones, if the power of well chosen drugs can be supported by the auxiliary efforts of well chosen thoughts, or in the operation of either system, if the weakness of the one can be fortified by the strength of the other, is it not due to the suffering and endangered patient that such co-operation be effected?

Long ago Marcus Aurelius said that "in the same degree in which man's mind is nearer to freedom from all fear, in the same degree also, is it nearer to strength." In this day when every bill-board one sees, every newspaper he reads, and every friend he meets, presents a suggestion of disease, when one is taught that there is contagion in the air he breathes and germs in the food he eats, if a closer acquaintance with the possibilities of mental science will better enable him to oppose this constantly increasing tide of weakening influences by the countervailing assurance that "under the law of suggestion health can be made as contagious as disease," and the corresponding truth, so tersely stated by Newcomb, that "good thoughts are the best germicide," if he can be sustained by a realization that whatever may befall he has within him, and subject to his control, the force which is the ultimate goal of all systems of cure; if this can be done, as it can only be done by invoking the good offices of the human mind, then is there a logical field for mental medicine in co-operation with material.

MENTAL ATTITUDES. THEIR INFLUENCE UPON HEALTH AND DISEASE.

BY C. H. HOYT, M. D., CHILLICOTHE, O.

Mental attitudes are the greatest power in the world to-day for good or evil, and the power behind the throne in all the great enterprises in the world of science, finance, commerce, government, religion, moral uprisings, trusts and business movements generally.

The great mental attitudes that produce the forces that move the world are the result of innumerable suggestions that reach the masses from every point of the compass and a countless number of sources.

It has been said and quite truly that the hand that rocks the cradle rules the world, but I believe that this saying would be more correct if we were to say that suggestions by the hand that rocks the cradle rules the world. Suggestion in some form has been known since the earliest times. It was practiced by the Egyptians, Persians and Indians, and employed by priests, soothsayers, fakirs and charlatans. Almost every act of our lives, whether it be good or evil, is the result of suggestion in some form or another. It has been said that "When each one comes forth from his mother's womb, the gate of gifts is closed upon him." But this is only half the truth. When that gate closes a hundred others are open to pour upon his defenseless head a thousand impressions that leave their indelible marks. Suggestions come from every source to make or mar the new man.

Sometimes movements of great magnitude have their origin in the mental attitude of one person centered upon some particular subject, and are carried forward by the suggestions given off from that mind to others, which form an endless chain of thought, which finally encircles the world. Such instances might be cited as the Murphy Movement, Dowieism, Eddyism, Osteopathy, Homœopathy and dozens of other isms, pathies and movements for good or evil, that have spread from pole to pole and have their origin in the mental attitude of some one person. Other great movements have had their origin from a great variety of sources, of which the newspapers form no small part. The daily and hourly suggestions contained in the great mass of literature coming from the press of the country daily serve to mold the opinions of the people and produce the mental attitudes necessary for the carrying forward of the great movements that sweep the country from one end to the other.

Before any great thought or discovery can take root and grow, the people must be gotten into the right mental attitude to receive it, and this is brought about by suggestions emanating from one to another by personal contact and by reading the printed matter sent broadcast from the press of the country every day.

In the struggle for supremacy between heredity and environment, the latter is likely to gain the victory. I am a most firm believer in heredity and that blood will tell, but without proper surroundings that will furnish the proper suggestions to stimulate and arouse, latent powers may remain hidden and unknown both to ourself and to the world. Men and women are what they are, not so much on account of their ancestry as their circumstances and surroundings. Great men and women have, as a rule, been surrounded by environments and suggestions that have made them great. I grant that everything else being equal, ancestry is a very great help, and the well bred man or woman possesses very great advantage over the man or woman whose ancestry is not along well selected lines, but without the proper suggestions with which nature has endowed them, the results will be of a very doubtful character. Without the proper stimulus of human suggestions, the most of our great men and women would have remained unknown and unsung. Great men are not just accidents, but have been made great by their environments.

We are all in quest of the same ends in life, namely, health, success and happiness, and those facts that will help us to better understand ourselves, and the forces of life will enable us to appreciate in a larger measure the great riches surrounding us in this world, and which can only be known and enjoyed by having correct intellectual views. My study and observation teach me that nearly every person, no matter what his station in life may be, has within himself more power, more intelligence, more usefulness and ability than he has ever been able to express. This is because of his lack of knowledge of the greater self to inspire and build within himself a radiant center of personal energy that will inevitably produce a mental attitude which will bring to each and every one greater health, wealth and bodily comfort, success in worthy undertakings and a happier daily life.

Here and there in human character may be seen the sturdy oak which, having builded strong the sustaining roots, the inner life, stands firm and smiling through fair and trying seasons, while many others, whose outward appearance would give the impression of a solid foundation and a firm grasp upon life, go down at the first blast of adversity, showing to the world how weak and insufficient the foundation upon which they stood. It is here that the great well-spring of character and power is to be found, and no condition has had so great a part in its development as a correct mental attitude towards the world generally and a man in particular.

Psychological research and the study of the effects of mind over matter is exciting the keenest interest and investigation, not only in the rearing and education of children, but in the treatment of disease. That there is a psychic power that presides over sensations and functions, which can be invoked for the relief of pain and the cure of various disease as well as the education of the mind and body along certain lines no longer admits of a rational doubt. The hundreds of healers and the armies of those who have been healed by the various forms of faith cure, are to be found upon every hand.

Psychopathic healing is known under various names, prominent among which are Christian Science, Mind Cure, Spirit Cure, Mesmerism and Hypnotism. Osteopathy and massage may also, to some extent, be classed under the head of psychopathic healing. The massage is helpful in a general way, and furnishes the necessary suggestion. It requires but a superficial study of those various forms of healing to discover that they have a common underlying principle or law upon which they all operate, and this law is the law of suggestion.

Undoubtedly, the people are beginning to think on this important subject. They are becoming restless and impatient of a medical priesthood as they are of a clerical priesthood, that attempts to say to them what they shall or shall not do.

The "New Thought" superstition beats drug superstition a country block, the more we have of it the better until drugs are dead. Already there are drugless schools started, and their graduates are scattering all over the country, demonstrating to the people that disease can be controlled without the use of drugs. I am told that the leading school of osteopathy at Kirkville, Missouri, has six hundred students this winter. What does that indicate? It means a landslide out of drug superstition. If there was not a demand for drugless doctors such object lessons would not exist. There is also a falling off in attendance at the regular medical colleges all over the country. In olden times teaching and preaching and healing went together. You may have noticed that fully as much is said of the healing of sick persons by Jesus as of his preaching . Is it not really ridiculous to hear a man get up in a box and tell you all about how to save your immortal soul when he is utterly unable to cure a cramp in your mortal stomach? Of late, this old idea has been brought to the front again in certain quarters; for instance, among the followers of that misnamed school, Christian science, and also among the Battle Creek people, who train students to go and minister to the bodies as well as the souls of those people whom we are complacently pleased to call the "heathen." We all agree that prevention is better than cure. For the last two years the leading fad in the medical world has been the injection of filthy matter from diseased animals into the blood to kill germs. In fact, it may be regarded as something like a germ mania that has infected the doctors. It wouldn't be so bad if they did not seek to force their ideas on the people by legislation, while at the same time they are not by any means agreed among themselves.

Not long ago a question was sent to one hundred members of the regular school, the names being taken alphabetically, from a medical directory. The question was: "Do you or do you not consider vaccination dangerous?" Forty-five answered in the affirmative and fifty-five in the negative. Yet they seek to exclude from the public schools those children who are not submitted to this practice. If vaccination protects, as you claim, then why should you trouble yourselves about it? You and yours are safe, are they not? If you want to see an unbiased statement in regard to vaccination, read a seven-page article on the subject in the Encyclopædia Brittanica. One of the leading life insurance companies of the United States recently took from its list of questions put to applicants that in regard to vaccination, and ceased making any demands on this score.

By the way, I notice that a French physician proposes to vaccinate against syphilis, having experimented along this line on monkeys. I thought that would soon come.

As I have said, fashions in medicine come and go like fashions in bonnets. Less than a century ago, in England, if a physician had been called to attend a man who had fever, and had failed to bleed him, and the man should die, that physician could be arrested for manslaughter. How many bleed nowadays? And how many intelligent physicians give those large doses of Mercury that were so common half a century ago? The administration of alcohol to sick people, formerly so common, is also rapidly going out of favor among experienced and intelligent physicians. Fifty years hence we shall look back at many of the present medical ideas as relics of barbarism. Meantime, however, our friends, the doctors, are insistent that we shall be compelled to accept their present ideas as to what they think, whether or no.

Again, take the diphtheria antitoxin serum craze that is now on the wane. It is well known that this practice has been built up largely by juggling figures on part of the State health boards, so that simple diphtheritic sore throat has been included among the cases of diphtheria, in order to increase the number of asserted cures. As millions have been made from the manufacture and sale of this stuff, the practice is naturally dying a hard death.

As to surgery; it has certainly made marvellous progress. One must take one's hat off to the dexterity of a skillful surgeon. Here, however, we find that the knife is resorted to on the slightest pretext, for the sake of performing a "beautiful operation," and incidentally earning the resultant fee. A woman who has all her organs intact will soon be as a great curiosity as an octogenarian who has preserved all his teeth. I undertake to say that at least nine-tenths of surgical operations would be unnecessary under a natural form of treatment.

The opening sentence of Dr. Rosenbach's book, "Physician vs. Bacteriologist," is as follows: "The history of medicine teaches us that any and every method of treatment has always been followed by a method based on exactly opposite principles, and it further demonstrates that all these differences have been upheld by fanatic adherents with the same fervor, under cover of equally good statistics, so that as a matter of fact, every form of treatment, at least in the opinion of its chief supporters, may justly claim identical value as to efficacy and healing virtues."

Dr. Cyrus Edson says: "It would seem as though obstacles had been placed in the way of medical science, which all of the force of man is powerless to remove. . . . After all has been said, it must be admitted that a proper observance of the rules of hygiene on the part of every individual belonging to the civilized world would do more to effect a reduction of the death rate and prolong the average duration of life than any discovery in the cure of diseases, that at present seems within the bounds of possibility." In short, the older and more experienced the physician, the more he is inclined to depend upon the healing power of nature, and the less to administer something out of a bottle.

Take that widespread disease, consumption, the "great white plague." Cyrus L. Topliff, member of the National Assosiation for the Study and Prevention of Tuberculosis, says: "After several generations of study and experimenting, the medical profession of the entire world has finaly come to the conclusion that this disease is not amenable to drug treatment." How much energy, how much time has been wasted by the medical world in trying to discover some means of destroying what they think to be a germ in the lung, a result instead of a cause. How many false hopes have been raised in this way, and how many thousands of unfortunates have been thus prevented from seeking what is now admitted by the physicians to be the only possible cure, open air life combined with a plain, nourishing diet.

In order to derive proper benefit from suggestion it is first necessary that a person be in a subjective or passive state, and there are all degrees and grades of this subjective state, from a quiet, passive condition to complete hypnosis, and it is necessary in order to cure a person by the means of suggestion, that the subjective mind be under control of the physician or person from whom they expect to derive benefit. Now, when a person who is sick consults any one of the various healers here enumerated, this is exactly the state of mind he is in. He has heard of the wonderful cures performed by the healer he has chosen, and he has faith that the healer can cure him, so he pays the price and passively submits to the treatment, and as he fully expects to do, feels better. He now becomes an advocate of the new treatment, and tells all his friends that he is better and is being cured, thus constantly making the suggestion to himself that he is better, in other words, auto suggestion, and the result is that in very many instances, a cure is accomplished all by suggestion, and the Lord and the healer are given the credit for the wonderful results that he has, in reality, brought about through the control of his mind over his body.

He has believed, become passive and received suggestions, which have restored him to health. We should never tell any one that they are looking badly or make any suggestion regarding their appearance that will cause them to imagine that they are anything but all right.

What a God-send it would be if they could be taught to make proper suggestions to themselves, as well as to their friends, and instead of, when asked how they feel by those they meet, saying, "Oh, I feel tolerably well, or, I have a pain here or there, or that or this is wrong," would say even at the expense of the exact truth, "I feel first class;" "I was never better in my life," or some similar expression, thus making a good healthful suggestion to themselves instead of saying something that will have the opposite effect. Constant dropping wears away the stone, and constant suggestion makes an impression for good or evil upon the mind. There is no mind, however strong, that is proof against the marvelous power. Hypnotism or suggestion, like many persons, is unfortunate in its ancestry and early associations, and it has taken centuries to free itself from the mystery and rubbish which has surrounded it, but now, that scientific men have taken hold of it and stripped it of all that is false and misleading, it can be used with very great benefit to all mankind.

From a health point of view mankind generally has been very thoughtless about mental states and attitudes, though giving great attention to the study of the various organs of the body. We need, however, to look further into the structure of man than the various organs of the body to understand why every mental attitude has its influence for good or ill upon the health of the body. When we consider how strongly and wonderfully constructed the human body is we will appreciate how important is the matter of healthy mindedness. We will then be impressed with the great value of an active health center of energy and correct mental attitude. The sub-conscious mind is an important factor in determining our health, comfort and happiness, as it controls organic life through the organic nervous system, and, therefore, every mental attitude has its corresponding influence upon the organs and conditions of the body.

Advertising has become one of the chief factors in our great commercial activities. Every known disease is pictured and exaggerated and reviewed in the most suggestive and fear-inspiring manner, and by every possible method; not only by the popular press but upon every fence, stump, tree and barn in this broad land. Man's susceptibility to disease, his weaknesses and limitations are emphasized and exaggerated in all the channels of popular print, until it would seem that civilized mankind were all sick and struggling under a load of disease. You cannot make a turn in the road or look up and down the street or seek the important news of the day without having disease flaunted before your vision until you begin to feel that the whole world must be sick and in distress.

Now, on the other hand, how little you see in print or otherwise that is suggestive of health, cheer, optimism and your own greatness and self-sufficiency? Commercialism has made capital out of your very fears and obscured your larger self and nature's true and efficient remedies, which are so abundant and at your command when you have eliminated feaf and worry from your mental atmosphere. Some minds are like the purest mountain streams that ripple and sparkle and carry with them peace, pleasure, health and a new inspiration to live and enjoy all the good things of this life. On the other hand there are many dingy, dark, cold, musty minds that fill one's soul with foreboding, as, upon entering musty rooms into which God's sunshine has seldom penetrated. This flaunting of disease constantly before the eyes of the people by every form and method known to the sharp-brained quacks and proprietors of patent medicines, who have learned by experience the value of advertising, has been the means of producing a great army of introspective, susceptible invalids—nearly every household being blessed with one or more of them—who, by their fears, forebodings and complaints make life a burden for every one about them.

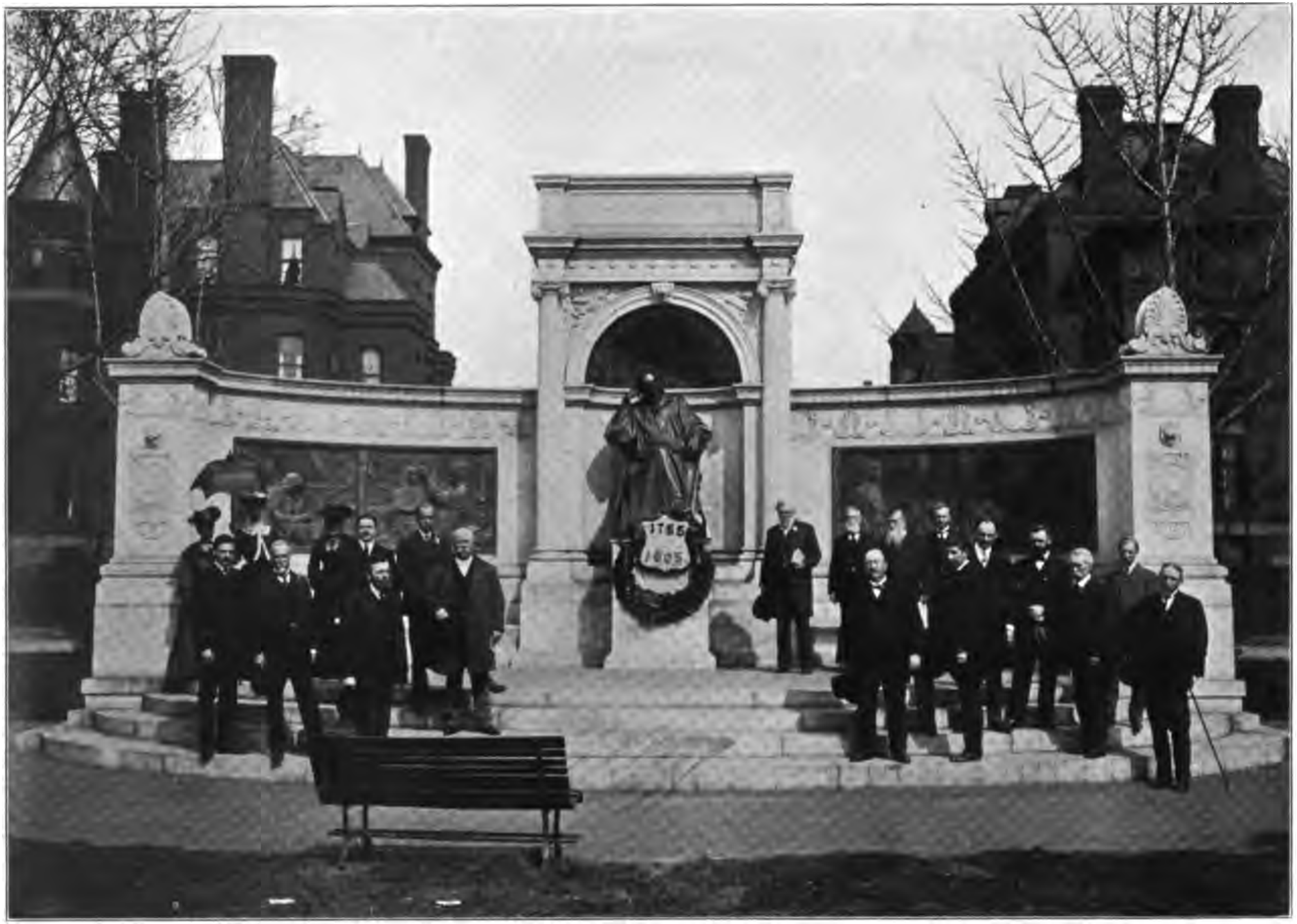
Our Puritan ancestors, while good people and full of enthusiasm in the service of God, were, as Artemus Ward said about the coon, "Peculiar cusses." The fundamental tenet of their religion was that whatever was pleasurable was necessarily sinful. From Baxter's utterances, for instance, it would seem that the only pleasurable emotion which he considered at all right and legitimate was the holy joy that all other sects and beliefs were destined to suffer eternal torment in the next world.

Public amusements, dancing, games, laughter and pleasures of every sort came under the ban, and they even sought to place limitations upon parental love, if a little too pronounced, as being displeasing in the sight of a jealous God. As the little Puritan child said to her mother when refused the second piece of pie, "Oh, mamma, it seems as though everything in this world that is real nice is either wicked or indigestible." This expresses in a nutshell the true situation in the minds of a great many persons that food is unwholesome in proportion to its palatability.

Again, the popular idea of medicine was derived from the same puritanical source. Hence the efficiency of medicine was measured by its nastiness; no medicine that was pleasant to the taste was considered of any therapeutic value. The old Thomsonian system of medicine was devised with special reference to that principle.

In the Thomsonian Materia Medica, No. 1, stood for that supreme herbal abomination known to botanists as Lobelia inflata. If that herb has been selected to stand at the head of the list solely because of its nasty taste, no better selection could have been made. No human stomach could retain a dose of No. 1 more than five minutes, providing the patient had vitality enough to throw it off, and if he survived the trying ordeal a favorable prognosis was made, because a patient who could survive the dose must necessarily have a strong constitution. Diet and medicine were not the only tortures inflicted upon patients by doctors in early times, for they practiced upon the principle that whatever was gratifying to the patients must necessarily be inhibited. In cases of fever, patients must be kept in a close, hot room and not be allowed to drink cold water or even indulge in the thought of ice. Why? No one was ever able to give any better reason than that fresh air, cold water or ice would have given comfort and pleasure to the patient.

Intelligent physicians of the present time are often seemingly careless of a sick person's diet, because they have learned by experience that many times the patient's desires and cravings furnish a safe guide to go by in prescribing what this or that patient shall eat. Besides, nearly every article of diet formerly considered improper and indigestible has been



ANNIVERSARY DECORATION OF HAHNEMANN MONUMENT, WASHINGTON, D. C., APRIL 10, 1905.

found to be perfectly safe and wholesome when taken by any one enjoying a good healthy mentality.

For instance, watermelons at one time were supposed to be sure death or a terrible case of cholera morbus. Nobody knew why they were indigestible or contained the seeds of disease, but still it was certain that numerous cases of cholera morbus had been traced to an indulgence in this luxury. Children were especially forbidden from eating them, but among small boys there always remained one notable exception to the rule that watermelons were harmful and dangerous. I refer to the boy who gorged himself upon watermelons stolen from some neighboring patch. He was immune, and invariably escaped all harmful results. He knew that watermelons tasted good, and there was no doting father or mother at hand to suggest to him that they were dangerous and liable to make him double up amidships.

Fortunately for the watermelon trade, and the good of the world generally, it was discovered some years ago that there is absolutely nothing in the constituent elements of watermelon to justify its bad reputation. The celebrated Dr. Tanner experimented with it and found it was more easily digested than any other known product of the soil, and on this account he chose it as the very best article of food to use in breaking his forty days' fast. On that occasion he simply gorged himself with watermelon pure and simple, to the consternation of his attending physician and the entire scientific world. The watermelon scored a signal triumph and the doctor's stomach a happy surprise, and both dwell together in peace and harmony, and the suggestion that watermelons were harmful was forever banished from the public mind. Hard-boiled eggs, another very popular article of food, especially among children, were for many years and are even now by many persons considered terribly indigestible, but the prejudice has gradually died out since some advanced thinkers among the physicians have been prescribing them as an excellent article of diet for dyspeptics.

I might go on and name similar instances of indigestible articles almost without number that have been proven to be perfectly safe articles of food for any healthy stomach, but it is not necessary to do so to prove my position.

If I were called upon to name the most prolific source of suggestions adverse to health, I should unhesitatingly say that it is the newspaper literature relating to diet. The exasperating feature of it is that not one newspaper article in a hundred concerning diet is written by any one who knows anything about the subject. They are generally written by young men or young ladies who are learning the trade of newspaper writers. Their highest ambition is to write something that will be extensively quoted and copied by other newspapers, whereupon they proceed to guess out a long list of articles of diet that are unhealthy and indigestible. In order to be entirely original and startling they generally select one or more articles of food that are especially popular in the community and tell their readers how they are slowly but surely sapping the foundations of their vitality, besides causing some terrible disease of the stomach. One of the wise sayings of the celebrated Dr. Abernathy was that "When a man begins seriously to dissect himself he will soon be a fit subject for the undertaker." This is what the average reader does as soon as he reads a newspaper item on diet, that is to say, the next time he indulges in an article of food inveighed against he proceeds to institute a series of introspective observations with special reference to the behavior of his stomach after partaking of that forbidden article, and he is generally rewarded by finding just what he is looking for and proceeds to have all the symptoms and conditions described in the newspaper. After two or three more trials of the same thing, he becomes thoroughly convinced of the truth of all he has read and proceeds to lecture his family and friends on these particular articles of diet, the result being that he soon succeeds in getting them banished from the household bill of fare.

The next newspaper article attacks some other kind of food, and so on through the whole list, the result being one or more confirmed dyspeptics in every family. This is the way dyspeptics are created nine times out of ten. The stomach becomes atrophied from lack of use and not from over-indulgence in indigestible food. It atrophies precisely as any other organ of the body will from lack of use. The only way to give it exercise is to give it plenty to do by eating a reasonable amount of good food, taking care to avoid those mental conditions which interfere with the normal action of the stomach.

Sometimes a newspaper joke or humorous paragraph may be the means of banishing some well known article of diet from the average table. A single illustration will suffice to show my meaning: Many years ago some smart English newspaper writer conceived the idea of conquering fame by ridiculing the New England custom of eating pie for dessert. The only thing connected with the custom making it a fit subject of ralliery was the fact that most New England families indulged in this delicacy three times a day, but the pie joke, feeble and harmless as it was in its infancy, survived and was passed around in its myriad forms until some weak-minded doctor took up the cry and proclaimed that pie eating was the cause of all the ills of the American people. This scientific discovery was heralded far and wide, and this New England luxury that had been a benediction and joy three times a day in thousands of homes had to walk the plank.

Will some dietetic crank tell us why? This crusade against pie serves as an illustration of the harmfulness and suffering that can be produced by suggestion against any wholesome article of diet.

The facts are that there are scarcely any kinds of food left to subsist upon if we pay attention to all the current reform literature upon this subject.

One writer inveighs against coffee, another beefsteak, another potatoes, and another bread, and so on through the whole list of eatables and drinkables. Some one of the numerous dietetic cranks has every article of human diet spotted as unfit for use, and life and the pleasures of the table become a burden to all those who lose their balance to the extent of giving any special thought to the wholesome food found upon the average American table. They are all healthful to any one whose mind is free from adverse suggestions of diet. The dietetic crank should be banished from every table so that his pernicious suggestions may not be the means of making new converts along the same lines. I have already referred in another part of this paper to auto-suggestion, and it is deserving of special thought and study, for I consider it one of the most potent factors in self-culture and personal success.

A correct aim and ambition in life will furnish the right sort of suggestions that one should constantly keep before the subjective mind, and it will afford a stimulus that will push one along in the best paths and to the highest point of success. A thoughtful mind will indefinitely multiply cases where suggestion may be advantageously applied, and these few hints, I trust, will afford food for thought and reflection and stimulate more exhaustive research along the lines indicated in this paper. We must learn to realize the simple fact that disease is an effort of nature to throw morbid matter out of the system, and is, therefore, something to be welcomed rather than deplored and dreaded. Nature will, in nine cases out of ten, be successful in her effort if not hampered by the administration of unnecessary foods and poisoned drugs; the only possible effects of such drugs being to change the symptoms without reaching the cause of the disease.

The physician of the future will be a Homœopathist, and will utilize all legitimate means of assisting nature, such as diet, the drinking of pure water, rest, fresh air, moderate exercise, magnetism, sun and air baths, hydropathy, massage, osteopathy, fasting, suggestion or mind cure and even music.

Such a reform will be of vast advantage to the patient, for then the physician will administer to the welfare of humanity instead of preying upon its sufferings. In a nutshell, if you want my ideas on how to get well and keep well and live long, I would say: Eat only when hungry and only enough to satisfy hunger, of simple food, with no great variety at a meal. Take as little uric acid food as possible into your system. Masticate your food thoroughly. Don't hurry, don't worry, keep your bowels open, your head cool and your feet warm, keep your exterior and your interior clean, and above all, cultivate a correct exterior mental attitude by the aid of suggestion and auto-suggestion.

Have you secured your candidate for membership to the American Institute?

Less than one-third of the homœopathic physicians in the United States are members of our State societies. Less than one-sixth are members of the American Institute. Come in.

The special Committee on New Members for the Institute reports most encouraging results. If every member does his duty there is no doubt that the membership will double this year.

Miscellany.

FOREIGN HOMŒOPATHIC LITERATURE.

EDITED BY P. W. SHEDD, M. D., NEW YORK.

Pathogenesis of Thallium.

Diarrhœa. Formication in the fingers progressing to the lower abdomen, the perineum, the inner thighs toward the feet. The nerves are painful; there is a paresis or a great weakness even to paralysis. Symptoms disappear when resting in bed (Cf. Manganum) and from the application of dry heat.

Indications.

Locomotor ataxia. Lightning pains. Poliomyelitis. Trophic lesions of the skin. Chronic myelitis.—Joya homeopatica.

Mezereum: Constipation.

Urgent necessity of defecation; stools difficult, although not hard; of the consistency of a thick soup. Rectal prolapse, with strangulation by the sphincter after evacuation. Burning vesicles on the tongue with heat in mouth and tongue. Violent hunger after midday and at night; aversion to meat. Frequent empty regurgitation, especially after having drunk. Nausea with accumulation of water in the mouth. Vomiting violent, even bloody. Abdomen hard and tense, with heat and sensation of burning and drawings in the belly. Flatulent colic with borborygmus.—Dr. Balari, Revista hom. catalana.

Variola: Red Light.

According to Dr. Casassa the eruption is healed in a remarkably short time and without scars by adopting the simple method of covering the window panes with red paper. It is interesting to note that flies, which spread the disease, avoid rooms with red light. Ibrahim Pascha Hassan corroborates the above statement as to efficacy of red light in shortening the period of suppuration and hindering the pock-marks. In Egypt, from the days of antiquity, small-pox patients have been wrapped and veiled in red cloths.—Med. Monatshefte fur Homœopathie.

Cedron: A Study.

Cedron is the seed of an American plant, Simarubra Cedron, of the family of Simarubaceae, habitat, New Granada. The fruit is the size of a goose egg, covered with short down, and contains a kernel easily separable into two cotylydons of a bitter taste. The physicians of New Granada use it in intermittents, and esteem it as an antidotal to bites of venomous animals; a watery dilution is applied to the wound and an aqueous alcoholic preparation given internally. From the triturated seed the tincture is made.

The chief characteristic of this drug is the periodicity of symptoms which appear as if timed by a watch. Intermittents with daily or tertian aggravation at the same hour. The fever is accompanied by redness of face, thirst, abundant sweat and excitement before the chill. General debility, fatigue, prostration, trembling. Nervous depression, with troubles after coitus (chorea in women, neuralgia in men). Headache every other day at 11 A. M.. pains, tearings, rigidity of limbs, epileptiform convulsions during menses, with dry throat and intense thirst. Leucorrhœa appearing regularly 5-6 days before the menses, or in place of the menses. Marked salivation after the period.

Sensation of swelling, torpidity, sleepiness all over the body. It suits excitable, amorous individuals, especially women. The symptoms are worse after sleep, at night, in bad weather; better on arising; worse on the left side. It antidotes Lachesis and sometimes Belladonna.

Cedron is, therefore, indicated in febrile states with periodicity and with nervous symptoms predominating. Pernicious fevers acquired in the tropics or low swampy regions, with cerebral congestion, heat in the face, pulse full and rapid, with cold alternating with dry heat. Periodic or intermittent neuralgias, especially ciliary neuralgia with iritis. Plantar or trigeminal neuralgia. Glaucoma with violent pains following the supraorbital nerve. Convulsions. It is one of the best remedies for tinnitus aurium from quinine. The 1-12 dilutions give the best results.—Dr. Pinart, Revista Hom. de Barcelona.

Materia Medica Items.

Ailanthus. The odor of the flowers affects women and children more than men; seniles least of all.

Agaricus phalloides develops its toxic action only 8-10 days after ingestion. (Cf. Colchicum.)

Allium sativum. Dangerous during pregnancy.

Ambra grisea follows Carbo vegetabilis and Petroleum, especially when these remedies are indicated but fail.

Arnica. Injurious after the bite of a rabid or enraged animal.

Argentum nitricum. Left infraorbital neuralgia; swollen face, great heat and burning.

Arum triphyllum. A remedy to be carefully considered. Not to be used low, nor often repeated, on account of its sequelæ. In children with scarlatina if its use is not followed by a copious flow of pale urine look for another drug.

Asarum, Chamomilla, China, Coffea, Ignatia, Magnetism, Nux vomica, Pulsatilla, Teucrium, Valeriana, Zinc valerianate to improve the extraordinary sensitivity of the vital force, the hyperæsthesia and irritability. After one of these remedies prescribed according to indications, use an antipsoric if needed.

Belladonna. Bad results may be expected if acids are used with this remedy.

Bovista. Its smoke is used by bee keepers to stupefy the insects. In urticaria or other eruptions when Rhus fails though apparently indicated. Bloated skin, with palpitation, vertigo, headache, dyspnœa.

Bryonia. Excellent in jaundice when the case has been spoiled by calomel. In fever the drug works for twelve hours, followed by great sweat.

Carbo vegetabilis. A dose every eighth day helps the action of Lycopodium.

Chamomilla (low potency) to relieve the restlessness following the withdrawal of morphine.

Chelidonium. Acids, wine, coffee hinders its action.

Colchicum. Its misuse accelerates gouty attacks. It frequently causes Bright's disease when used in large dosage in rheumatism.

Ferrum. It aggravates the symptoms of syphilis.

Graphites. Especially indicated after Lycopodium. It can seldom be repeated to advantage after the use of an intercurrent. Hepar, Sepia, Sulphur are exceptions; as antipsorics they may be repeated.

Lac caninum works best in the single dose. If repeated, the intervals must be sufficiently long. Think of this remedy when the polychrests, Belladonna and Lachesis, fail in croup and diphtheria.

Lycopodium works well after Calcarea is exhausted. A dose from time to time, with Berberis intercurrently.

Mercury. Hydrotherapy must be avoided with this drug. Desire for sweets which aggravate the symptoms.

Mezereum. Frequently indicated in January, February.

Natrum sulphuricum. Asthma with intestinal weakness, relaxation after each attack.

Phosphorus, Silica, Sulphur are not without danger in any stage of phthisis.

Plumbum. Headache from constipation.

Phosphorus, Iodine, Mercury work better in hot, rather than in cool, moist weather.

Rhus will not cure sciatica if constipation be present.

Salamandra will often act when Crotalus, Lachesis and other reptile products fail.

Tarantula. All symptoms are worse when others witness the attack.

Zincum works best given at night.—Rivista omiopatica, Milan.

Nux moschata.

In large dose the preparations of nutmeg cause vascular excitement, nervous tension, intoxication, delirium; later, stupor, lack of sensitivity, often lethargy. Its most characteristic action on the nervous system, contrary to old school teaching, is depressive rather than excitant, for here, as everywhere, the old school confuses physiologic with therapeutic action. Indubitably the homœopathic indication is the inclination to fainting and cardiac weakness. But it is not to be understood that a cerebro-excitant action is lacking. Disconnected delirium, with restlessness asleep or awake, loquacity, curious even ludicrous gestures, phantastic illusions, etc., similar to those of haschisch; mad laughter, the most impossible grimaces, tonic cramp, catalepsy, clonic twitching. But these symptoms are found with visible loss of strength, vertigo, epileptiform trembling, anæsthesia, loss of consciousness, irresistible drowsiness, stupid face, disordered glance, complete indifference, until finally paralysis and coma appear.

In the beginning of these attacks is noted loss of memory, loses the thread of his thought in the middle of a sentence, cannot find the right word; the mind jumps from one thing to another; sensory deceptions, objects lose their proportions; dyspnœa; the skin is dry and cold. The confusion of thought reminds one of Anacardium; the agility of the mind and other symptoms, of Ignatia; the stupor, of Opium.

The indications are clear-cut in the lethargic forms of hysteria, in melancholic hysteria and pregnancy; the relation is confirmed by the extraordinary tympanites—a constant result of nutmeg—by the marked dryness of mouth and tongue without thirst.

In hysteria Nux moschata often relieves the nervous aphonia if accompanied by dyspnœa and cramps; if arising suddenly from traveling against the wind. Nervous palpitation, also with tendency to fainting, feeling as if all the blood surged to the heart, pulse small, weak, the attack ending with great sopor; these symptoms point to Nux moschata.

The headache is notable. It begins with vertigo (as in Cocculus), inclination to let the head fall forward so that it must be held up by the hand; a feeling of cerebral relaxation on moving or as if the brain reeled against the cranium, or congestion with throbbing as in Glonoine. At the same time there is paresis of the eyelids, even ptosis, and disordered vision; objects appear too large, too samll, too distant.

Menstrually it corresponds to amenorrhœa or irregularity of the menses in quantity and time; blood black, thick; hysteric fainting, mental torpor, drowsiness, psychical disturbances; the menses are painful, attacks of colic like labor pains, metrorrhagia of black blood.

Nux moschata is a remedy for nervous and hysteric women, and the mental depression and the fainting are characteristic indications.—Revue hom. francaise.

Societies.

LAST CALL.

Des Moines, Ia., May 16, 1905.

My Dear Editor:

Permit me to assure the readers of your journal that all the preparations necessary to make the Chicago meeting of the A. I. H. the most successful one in its history have been completed. The chairman of the committee on arrangements, together with his enthusiastic associates, has spared neither pains nor money in securing suitable rooms for the meetings of the Institute, all its committees and affiliated societies; in securing hotel accommodations to fit the purses of all, and in securing the co-operation of the ladies of Chicago to help make the meetings of the Meissen successful and enjoyable.

The chairman of the committee on the anniversary of the birth of Hahnemann, together with his associates and a committee of the Illinois Homœopathic Medical Society, has planned for a magnificent social entertainment with which to close the week on Friday evening.

The program of the business and scientific part of the meeting, which is already in your hands, shows that in this respect a feast is in store for us all.

The amalgamation scheme demonstrated to the homœopathic profession that the work begun by Hahnemann is far from completed, and inspired the profession with the determination to renew the battle and fight till a complete victory is achieved.

It is the sanguine expectation of all who are in charge that at the Chicago meeting plans will be matured, orders will be issued and inspiration furnished for a campaign which will, in time, carry the practice and principles of Homœopathy to every city and hamlet in the land.

The *preparations* for the meeting are a success. To make the *meeting itself* a success only requires the presence of yourself and every reader of your journal. On behalf of the officers and members of the committees, I extend to you this last, urgent, cordial invitation to come.

George Royal.

THE OHIO STATE HOMŒOPATHIC MEDICAL SOCIETY.

The forty-first annual session of the Ohio State Society was held in Cleveland on May 16th and 17th. Dr. J. H. Wilson, of Bellefontaine, O., President, in the chair. There was a large attendance throughout the several sessions. Twenty-nine new members were admitted. After the regular routine order of business was disposed of, the work of the bureaux was called. Two excellent papers by Drs. R. B. Carter, of Akron, and G. B. Haggard, of Alliance, composed the Bureau of Sanitary Science. The latter comparing old world sanitation with ours, and proved that we might learn much from European methods. The Bureau of Materia Medica occupied the larger part of the afternoon. Dr. Kraft, as chairman, had chosen Quinine as a subject, and it was treated of from all standpoints, homœopathic, specialistic and allopathic, internally and externally, and much was learned concerning its action and uselessness, the tendency in the discussion being to confound China, Chininum arsenicosum, Quinine in the crude, and potentized Chininum sulphuricum. However, much was learned of the usefulness of the drug. Dr. G. J. Jones found it useful in malarial fevers, claiming that it killed the malarial plasmodium, yet cited instances where it had failed to cure, and a change of climate had. He found it of use in septic troubles and in post-catheterization fever. Dr. Jewett had not used Quinine in obstetrics, and called attention to the lack of Homœopathy throughout the program of the Society, saying that even the bureau of Materia Medica was allopathic, but it is likely that he changed his opinion later. Dr. Walton had used Quinine in neither gynæcology nor whiskey, asserting that neither were benefited by its addition. Dr. Nobles had found it germicidal. Drs. Stewart and Phillips showed wherein it might be homœopathic to ear and eye troubles by the effects produced by it. Dr. Horner noted especially its cerebral depression. Dr. Quay found no throat symptoms on record. Dr. Baxter showed its homœopathicity in malarial fever in small doses. Dr. R. B. Carter had used it only twice in twenty years' practice, and then with bad results. Dr. Beebe succinctly gave its entire pathogenetic applicability. Dr. Sbinden found it of use in neuralgias. Dr. Sawyer in bacterial and infectious diseases, puerperal fever, blood poisoning, etc. Dr. Palmer claimed that experiment had shown that 2½ grains was the limit that the system would retain without throwing it off. Dr. Kraft did not use Quinine, claiming that as such it had no place in Homœopathy. The discussion was taken part in by Drs. Childs, Means, White, Reddish, Overpeck, Barton, Arndt, Barnhill, and Stevens, showing that the subject was one of interest and that the bureau was sucessful.

The evening was given over to the banquet, which was held at the Hollenden. Dr. Lester E. Siemon acting as toastmaster, a position he filled with grace and dignity. Toasts were responded to by Drs. D. H. Beckwith, D. G. Wilcox, T. M. Stewart, G. J. Jones, G. B. Haggart, and L. K. Maxwell. The sessions of the second day were devoted to the reading of papers, and a full program was the order. Among those present from without the State were Drs. E. H. Pratt, of Chicago; O. S. Runnels, of Indianapolis; J. N. Downs, of Ottawa, Ill.; D. G. Wilcox, of Buffalo; C. B. Kinyon, W. A. Dewey, J. A. Lenfesty, and Stevens, of Michigan.

The election of officers resulted in the choice of Dr. G. J. Jones, of Cleveland, President; Dr. G. D. Arndt, of Mt. Vernon, First Vice-president; Dr. Clara E. Cook, Second Vice-President; Dr. C. E. Silbernagle, of Columbus, Secretary, and Dr. T. T. Church, of Salem, Treasurer. Columbus was chosen for the next place of meeting.

A luncheon was given on the first day by Dr. H. F. Biggar, which was greatly enjoyed by all present. It commemorated the 25th anniversary of the Class of 1880.

The Executive Committee of the Cleveland College gave a luncheon to all the alumni on the second day, at which college matters were vigorously discussed.

It was altogether a good meeting of one of our strongest State associations.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF OREGON.

The Homœopathic Medical Society of the State of Oregon will hold its annual session in the "City of Roses," Portland, Oregon, July 6, 7 and 8, instead of in June, as is usual, thus giving visitors from other States an opportunity to attend the Scientific Congress, July 5, 6, 7 and 8; American Library Association, July 6, 7, and 8; National Food and Dairy Convention, July 10 and 11, and American Medical Association, July 11 to 18, as well as to attend the Exposition and see our glorious State in its native grandeur and wealth of flowers that makes our State famous in the floral world. The members are making a great effort to have a program of unusual merit, and papers are promised by prominent men who are famous in their chosen line.

A banquet will be tendered to the guests. You need the trip; you cannot afford to miss all the good things offered. The railways give round trip tickets for one way fare, good for ninety days, with stop over privileges along the line. It is desired that all who intend being present, either with or without papers, should send their names and titles of papers to the secretary, that due announcements may be made and the program completed at an early date.

This announcement is intended as a personal invitation to each homœopathic physician in the whole world to attend and participate, so make your plans, get your tickets, and enjoy the hospitality of the State of Oregon.

Fraternally and cordially,
Osmon Royal, M. D., Pres.,
The Marquam, Portland, Ore.
Ella K. Dearborn, M. D., Sec'y,
800 Union Ave., N. Portland, Ore.

MISSOURI INSTITUTE OF HOMŒOPATHY.

The twenty-ninth annual session of the Missouri Institute of Homœopathy was held in the Midland Hotel, Kansas City, April 24, 25, 26, with the President, Dr. W. John Harris, of St. Louis, in the chair.

Through the untiring efforts of the general secretary, Dr. Geo. A. Mellies, and the several bureau chairman, the attendance was unusually good and the papers were of the highest and best order.

As a result of this meeting and that at St. Louis last year, the concensus of opinion is that the Missouri Institute has experienced a newness of life, and if the present interest is maintained, great things may be expected of this society from this time henceforth.

The local arrangements were in the hands of Dr. Moses T. Runnels, who rendered most efficient service in this capacity.

On the evening of the second day the visiting members and their friends were tendered a banquet, and it may be said in truth that its delightfulness caused all previous events of the kind to sink into the realm of mediocrity.

Dr. Runnels was master of ceremonies, and the president officiated as toastmaster. Toasts were responded to by ex-Mayor Jas. A. Read, Rev. Dr. Geo. H. Combs (whose address was peculiarly brilliant). Drs. Jas. A. Campbell, A. H. Schott, L. C. McElwee, E. F. Brady, C. J. Luyties, and others.

The evening of the first day Dr. Harris read his presidential address, which dealt very largely with the prevention of tuberculosis and other contagious diseases.

The officers elected for the ensuing year are:
President, W. A. Forster, Kansas City.
First Vice-President, W. E. Reily, Fulton.
Second Vice-President, J. T. Thatcher, Oregon.
General Secretary, Geo. A. Mellies, St. Louis.
Treasurer, D. M. Gibson, St. Louis.
Necrologist, H. W. Westover, St. Joseph.

Dr. Forster appointed himself and W. E. Cramer delegates to the American Institute meeting at Chicago.

The society adjourned to meet in St. Louis, April, 1906.

The day is approaching when not to be a member of State and National societies will be an implied acknowledgment of ineligibility.

MISSOURI VALLEY HOMŒOPATHIC MEDICAL ASSOCIATION.

The Missouri Valley Homœopathic Medical Association will hold its regular annual meeting in Omaha the latter part of October.

The officers have conceived the idea of making the meeting this year serve a twofold purpose; first, as a means of supplying its members with the latest and best developments along the line of medical science; second, to supply our medical colleges with desirable students. To this end our bureaus will have fewer papers; they will be of a more scientific, classical order, and a freer discussion by the members will be invited. A physician being invited to head a paper will appreciate the compliment which the officers imply, and will feel the necessity of giving the society the very best of his knowledge.

Most of the papers will be read by teachers from the different homœopathic colleges located in the Missouri Valley.

Every loyal Homœopath is very earnestly invited to be present and bring with him a list of names of prospective students.

Fraternally yours,
Freeda M. Lankton, M. D., Pres.;
Erle B. Woodward, M. D., Sec'y.

UNION CLINICAL MEDICAL SOCIETY.

The Union Clinical Society met, with Dr. A. W. Reddish, Sidney, O., in the chair, April 14, 1905.

Dr. C. E. Sawyer, of Marion, read an interesting paper on "The Classification of the Case." For purposes of treatment he divided his cases into three classes, surgical, medical and those requiring mental therapeutics. Osteopathy was classed under mental therapeutics. While not disputing the benefit derived from this mode of treatment, he thought the massage given was very inadequate, and the displaced rib theory a delusion. The essayist illustrated his classification by cases from practice. Mechanical cases were spoken of at some length.

Dr. J. A. Ferree, in discussing the paper, emphasized the need of better diagnosis, and he did not believe in mere symptom prescribing. Dr. Beebe said much in favor of mental therapeutics. Dr. C. R. Coffeen, of Piqua, cited two cases of nodules in the mammary gland that disappeared after the exhibition of Arsenicum iodide. The doctor thought physicians too keen to refer these cases to surgeons. He felt like trying internal medication for a month or two even where malignancy is suspected. Dr. Hetherington reported a nodule in the breast of a woman, which disappeared after the internal administration of Conium.

Dr. Sawyer, in closing, favorably discussed the benefits derived by the use of mechanical and vibratory massage used on alternate days. The treatment flushes the capillary circulation and relieves congestions. After a free interchange of experiences and opinions, all agreed to make a regular advance to the dining room where spread the festive board. A toothsome lunch and a fragrant Wm. Penn closed the last meeting of the year.

The following officers were elected: President, E. N. Loy; Vice-President, H. B. Faulder; Secretary-Treasurer, C. E. Hetherington.

The following were present: Beebe, Hunt, Ferree, Anderson, Hobby, Hugh Beebe, and Reddish, Sidney; Coffeen and Hetherington, Piqua; Loy, Tippecanoe; Wolcott, Troy; Faulder, Wapakoneta; Buchanan, Lima, and Savage, Marion.

A. W. R.

COMMITTEE ON CLINICAL RESEARCH.

The committee of the American Institute charged with the elaboration of a plan to ensure and collect the most trustworthy statistics of the results obtained in our hospitals, hope to enlist the interest in their work of all physicians sincerely desirous of demonstrating the superiority of our method and the soundness of our theory. The work appears of such far-reaching importance, and is surrounded by difficulties so great, that well considered suggestions and co-operation from all quarters are earnestly desired.

Inasmuch as the difficulties to be met arise in so large a measure from the conflict among us of individual opinion and experience, the first question to present itself is no other than the fundamental one, what is homœopathic treatment? This point once agreed upon, the solution of the remaining problems will be comparatively easy, though it call for answers to questions as weighty as those touching the limitations of our method, the indications for the particular remedy in the individual case, the range of dosage to be first put to the test; the class of cases to be made the subject for observation; the aids and secondary therapeutic measures to be consistently admitted; the length of time for each series of observations, and many more of equal importance and complexity.

It will be seen at once that the presentation of these questions will precipitate the controversy on every point on which the followers of Hahnemann have differed for close upon a century. But no candid man will deny that, with every year, the demand is growing more urgent and irresistible for a well directed and sustained effort to reach a position from which it will be possible to progress more rapidly than we have done during the last fifty years. Nor will it be denied that, with all the ability displayed in the maintenance of conflicting positions, and all the force of individual opinions, we are not in possession of such a body of clinical knowledge on which we can agree, as can be confidently taught in our schools or which can influence the profession at large. Despite our numerous and important advances, and the powerful reforming influence exerted on medical thought and practice by our principles, our position at present is more nearly that of assertion than of proof, of divergent theories, and of experiences unverified save in the estimation of individuals or parties, rather than of teachable knowledge and the genuine effort to combine in harmonious research. To divert from this unfruitful field the means and energies now expanded in unorganized labor to that of rigid experimentation surrounded by every rational safeguard against error, is the aim of the committee now seeking the adoption of measures calculated to evolve a degree of certitude in therapeutics beyond the reach of current clinical methods, whether within or without our hospitals or the limits of our school.

To reach an agreement as a basis for the evolution of this greater certitude, the first requisite is the cultivation of that scientific attitude of mind which, while it abandons no sound principle and disregards no valid experience, yet holds firmly in abeyance all preconceived notions, all unsupported individual opinion, and all purely theoretical assumptions. No lasting advancement in knowledge has ever arisen save out of this strictly objective mental attitude. The demand for accurate, self-sacrificing work and inquiry is in no sense to be looked upon as a challenge to any party or faction, but solely as a call for sober, patient and harmonious research as befits a scientific investigation, notwithstanding the fact that the final aim is the determination of the comparative merits of opposing views and methods. The obstacles to be primarily overcome, therefore, are not so much those inherent in the scientific problems, but rather those inhering in the imperfection of human nature. To escape from the evils of this imperfection, which are nowhere more apparent than in therapeutics, there is but one known course, the pursuit of the scientific method ruled by the scientific spirit which vaunteth not itself, is not puffed up, is patient and thinketh no evil, seeketh not its own, and rejoiceth in the truth.

For the work proposed two modes of procedure suggest themselves. Since in the main our school is divided into two parties, who, unlike the old school, in which the agreement to differ is the only agreement, agree only in getting wider apart, either the Institute may select one large hospital of which the staff declares itself ready and willing to submit to rigid rules of observation and record, or all our hospitals may rise to the occasion and pursue each its own chosen method, or, if preferred, two side by side under the same rules, and all under the control of an impartial body of supervisors charged with the frequent scrutiny of the work, the final summing up of the results.

The rules to be devised would be so framed as to insist on the most accurate diagnosis possible, allowing for obscure cases; on the clearest statement of the indications for treatment, general and special, more particularly of the indications for drug and the dose, for adjuvants, hygienic, dietetic, mechanical, palliative, hydro-therapeutic, in fact, all measures other than purely homœopathic.

The cases to be observed might be all medical ones presenting themselves, and such conditions occurring in surgical cases as are recognized as calling for medical treatment, or certain classes of acute and chronic affections might be selected for continued observation through a series of years. As the object would be to show forth in the fullest possible measure the results of homœopathic treatment, the records, which must be exhaustive, would have to note clearly and understandingly every departure from it. Since there is a deplorable lack of funds in all our institutions for the adequate support of officers appointed exclusively for more detailed and exacting work, this would necessarily throw upon every existing staff the burden of labors differing in many respects from those now so willingly carried on under the stress of limited time and means. It would seem advisable, therefore, to so restrict both observations and records as to ensure work of the highest character, having about it the least possible taint of routine and vagueness.

The committee feels that the time has arrived in the history of Homœopathy, indeed of therapeutics, for a great effort in the direction of unity of action in the testing of our experience, and in placing our principles on a more secure foundation than that of theory or individual opinion. Hence this appeal for support and earnest consideration of our status. Without the aid of many minds and a willingness on the part of hospital physicians to engage in the work, the committee is powerless. The confidence reposed in us by the public which so freely supports our hospitals; the crying need of our schools so largely sought by eager students looking for sound, practical knowledge; the position we still occupy as a sectarian and misunderstood body, excluded in so large a degree from the scientific advantages of the profession, and last, but by no means least, the demands of science and humanity call for the initiation of a reform in our methods of clinical research, the responsibility for which we can no longer disregard. We are now called upon to realize that not material progress, not the gain of hospitals, schools and organizations constitute advancement in knowledge, or that their possession demonstrates superior therapeutic results, but that these flow solely from the character of the work they perform.

The objections to the proposal hitherto met are without weight. They come either from those who fear to disturb existing conditions, or from others who already feel themselves in possession of all attainable knowledge. They claim to have on their side common sense. But such common sense is neither wisdom nor science, and never helps a reform until the reform has helped itself.

The Colleges.

KANSAS CITY HAHNEMANN COLLEGE.

The commencement exercises of the Kansas City Hahnemann Medical College were held in the Academy of Music, at 8 o'clock, April 10th.

Rev. Dr. Geo. H. Combs delivered the invocation, and Rev. Dr. J. Stewart Smith the benediction.

The annual address delivered by Dr. Laurence E. Whitney, of Carthage, Mo., was a masterful effort, dealing largely with suggestive therapeutics and mind influence.

The degree was conferred by the president of the college.

There were ten (10) graduates, seven (7) women and three (3) men. An orchestra rendered several timely selections.

The State societies should have every worthy homœopathic physician on their rolls of membership.

COMMENCEMENT AT ST. LOUIS.

The commencement exercises of the Homœopathic Medical College of Missouri were held at the West End Hotel, April 19, 1905, in connection with the banquet of the Alumni Association, tendered to the graduating class of this year. Dr. John L. McCaughan presided as toastmaster, and toasts were responded to as follows:

"Duty and the Doctor," by Dr. J. L. Dryden; "The Reward," by Dr. A. H. Schott; "Realizations," by Dr. W. W. Gilbert; "The Modern Hospital," by Dr. Scott Parsons; "Illustrations," by Dr. Willis Young. During his toast, Dr. Schott, as President of the Board of Trustees, conferred the degree of Doctor of Medicine upon the graduating class, and in speaking of the progress and conditions of the college said, "The Homœopathic Medical College of Missouri is in better condition financially and in point of support tendered it by the outside profession than in many years past. We have at this time a larger number of matriculants entered for the freshman class for next year than ever before at so early a date."

The graduating class and several of the undergraduates, together with a large majority of physicians and their families of St. Louis, were in attendance at the banquet. Everybody in St. Louis is a unit in the upbuilding of Homœopathy in the Middle West.

The Library.

BOOK REVIEWS.

A Text-Book of Materia Medica and Therapeutics.

By A. C. Cowperthwaite, Professor of Materia Medica and Therapeutics in the Hahnemann Medical College of Chicago. Ninth edition. Chicago: Jno. B. Delbridge & Son, 1905.

We can easily recall some twenty-five years ago when we purchased a copy of the first edition of Cowperthwaite's Materia Medica, and how we studied it. It was a volume, modest in size, but containing much that no other work had, and that most valuable to the student. This, the ninth edition, appears in the Fallstaffian rotundity of a complete work on Materia Medica with the newer remedies added. All the past editions of this work became a standard text-book on the subject, and the fact of nine editions in twenty-five years is but an evidence of its worth and popularity. We congratulate the author, and thank him for presenting us this new edition. May he live to give us many more editions. He is one of Homœopathy's stalwarts, and we cannot have too much of his good work. The publishers, Messrs. J. B. Delbridge & Son, have done their part well.

Medical Annual, 1905.

Twenty-third year of publication. A resume of the Year's Medical Literature by Thirty-six Department Editors, with Added Articles by Noted Specialists. E. B. Treat & Co., publishers, 241-243 West 23d street, New York.

This issue bears evidence of continued progress in editorial equipment and other improvements, notably the increased size of page from a 12mo to an octavo. This will make the book more convenient to handle, and afford better opportunity for the display of illustrations, and all within the compass of a single handy volume.

Its dictionary makeup, supplemented by a full index, makes it the most complete and satisfactory year book published. The busy practitioner is enabled to keep himself in touch with the most recent advances in knowledge and practice respecting any subject in medicine or surgery.

Its editors are among the leading specialists of the medical world, selected for their fitness for the task assigned them, and at an increasing yearly outlay of expenditure.

The abundant references for further investigation have been an important feature of the work, and are continued in the enlarged form; and happily all without increased cost to the subscriber, for this year at least.

A Text-Book of Medical Chemistry and Toxicology.

By James W. Holland, M. D., Professor of Medical Chemistry, and Toxicology, and Dean, Jefferson Medical College, Philadelphia. Octavo volume of 600 pages, fully illustrated, including 8 plates in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $3.00, net.

Dr. Holland possesses the faculty of making even the most difficult and complicated chemical theories and formulæ easy and clear. This is probably due to his thirty-five years of practical experience in teaching chemistry and medicine. Recognizing that to understand physiologic chemistry students must first be informed upon points not referred to in most medical text-books, the author has included in his work the latest views of equilibrium of equations, mass- action, cryoscopy, osmotic pressure, dissociation of salts into ions, the effects of ionization upon electric conductivity, and the relationship between purin bodies, uric acid, and urea. Chemical substances he has treated from the standpoint of the medical student and physician, giving much more space to Toxicology than is given in any other textbook on chemistry. The chapters on the clinical chemistry of milk, gastric contents, and the urine, and that on water supply and filtration are full of practical information. Dr. Holland's work will undoubtedly be gladly received by the profession, presenting as it does the mature experience of a practical teacher.

Diseases of the Blood.

(Anæmia, Chlorosis, Leukæmia, Pseudoleukæmia). By Dr. P. Ehrlich, of Frankfort-on-the-Main; Dr. A. Lazarus, of Charlottenburg; Dr. K. von Noorden, of Frankfort-on-the-Main, and Dr. Felix Pinkus, of Berlin. Entire volume edited, with additions, by Alfred Stengel, M. D., Professor of Clinical Medicine, University of Pennsylvania. Octavo volume of 714 pages, fully illustrated. Philadelphia and

London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

This volume on Diseases of the Blood is the ninth in Nothnagel's Practice to be published in English. It includes Anæmia, Chlorosis, Leukæmia, Chloroma, Pseudoleukæmia, and each condition is treated so exhaustively and the theories discussed so carefully that the work will remain the last word on the several subjects for many years. Dr. Alfred Stengel, under whose excellent supervision the entire series is being issued, is also the individual editor of this volume. His wide experience and recognized ability as a clinician, and his valuable work concerning the histology, both normal and pathologic, of the blood, renders this volume of unusual interest. His additions are particularly frequent in the article on Anæmia. When this series is completed—and the publishers assure us that the three remaining volumes will shortly appear—it will undoubtedly form the best practice of medicine in existence, expressing the opinions of the highest German and English speaking authorities.

Man: An Introduction to Anthropology.

By W. E. Rotzell, B. S., M. D., of Hahnemann Medical College of Philadelphia. Second edition. Philadelphia, Pa.: J. J. McVey, 1905.

This little work by Prof. Rotzell deals with the elements and classification of anthropology with special reference to man and his zoology. It is a very readable work, and one may read it with profit and pleasure.

The A, B, C Manual of Materia Medica and Therapeutics.

By G. Hardy Clark, M. D., late Professor of Materia Medica, Hahnemann Medical College, Chicago. Second edition, enlarged. 301 pages. Cloth, $1.25. Postage, 10 cents. Philadelphia: Boericke & Tafel, 1905.

The second edition of this little manual comes to us in an enlarged form of 301 pages, and with the addition of a clinical index which adds materially to its value. The work gives the characteristics, the toxic effects, the dose and the therapeutic uses of each remedy. We have only one criticism, and that is the doses advised are of lower potencies than the experience of the best men in the school recommends; in other words, the idea of the writer seems to seek for physiological effects rather than dynamic or homœopathic effects. We furthermore cannot consider "glaucoma, iritis, locomotor ataxia or tetanus" as "characteristics" of any remedy in the homœopathic sense of the term. The book is called a Manual of Materia Medica and Therapeutics; probably, it is not meant to be homœopathic.

Practical Dietetics.

By Dr. W. Gilman Thompson, Cornell University, N. Y. Third edition. D. Appleton & Company, New York, 1905.

The new edition of this well known and standard work is before us, and to say that it exceeds in excellence the former editions would seem to be all that is necessary to say to those of our readers who are familiar with the work. To those who are not we will merely say that it is the best work extant on dietetics, and that this edition has been carefully revised and brought up to date. Particular mention should be made of revisions in regard to digestibility of foods, arterio-sclerosis and intero-colitis.

The subject of obesity has been given considerable attention, and much new material has been added. The diet in acute rhinitis has been revised, the diet for diabetic patients, a very important subject, has been largely elaborated, the diet in scurvy and the dietetic treatment of young children have been considerably added to, and finally quite a long article has been written in regard to fat foods. Many minor changes have been made, of course, throughout the body of the book, bringing each particular article up to the knowledge of the present day.

The subject of dietetic treatment of disease is becoming of increasing importance, and no practitioner is equipped for good work unless he possesses this scientific and very practical book.

Welch & Schamberg on Acute Contagious Diseases.

A Treatise on Acute Contagious Diseases, by William M. Welch, M. D., Consulting Physician to the Municipal Hospital for Contagious and Infectious Diseases, Diagnostician to the Bureau of Health, etc., Philadelphia, and Jay F. Schamberg, A. B., M. D., Professor of Dermatology and of Infectious Eruptive Diseases, Philadelphia Polyclinic. In one very handsome octavo volume of 781 pages, illustrated with 109 engravings and 61 full-page plates. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The authors, from years of faithful study and abundant clinical experience, are peculiarly well equipped to furnish precisely the practical information which the every-day physician needs, and they have succeeded in presenting this knowledge fully and clearly in a style of diction which makes reading a pleasure as well as a profit. The Philadelphia Municipal Hospital offers almost unlimited opportunities for the consideration of contagious diseases, and the work is based upon the personal study of the many patients who come daily under the charge of the authors; thus there have been studied nearly ten thousand cases each of small-pox, scarlet fever and diphtheria in addition to the very many cases of the other diseases discussed, such as vaccinia, measles, chicken-pox, rubella, typhus fever, etc.

Diagnosis and symptoms are given the thorough attention they deserve, and as the volume is intended primarily to be a practical guide to the practitioner who may not have had the advantage of a large clinical experience in this field, treatment both medicinal and non-medicinal, hygienic measures, disinfection, etc., are all covered with careful complete details.

In illustrations the book is rich, indeed; the pictures alone are easily worth the price of the book; the material was abundant and beautifully clear photographs of patients in the successive stages of the various diseases are used wherever the text can be made clearer thereby. It is a work which will find a readily accessible place on the shelves of every practicing physician.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

Lancaster Office, 9 N. Queen St. San Francisco Office, 330 Post St.
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Contributions in medicine, surgery and collateral sciences, exchanges, books for review, editorial communications, etc., should be addressed to Dr. W. A. Dewey, Editor, Ann Arbor, Mich.

Subscription, Two Dollars Per Annum.

JUNE 1, 1905.

Editorial.

THE MEETING OF THE AMERICAN INSTITUTE OF HOMŒOPATHY.

Twelve years ago this month, the American Institute of Homœopathy met in the city of Chicago in conjunction with the World's Congress of Homœopathic Physicians and Surgeons. There were registered during the sessions of these bodies 863 members and 331 visitors. It was the largest meeting in the history of the Institute.

View of Headquarters (Auditorium Hotel), Meeting Place, and Lake Front.
From Illinois Central Depot the Terminus of Michigan Central, Wisconsin Central and Illinois Central Railroads.

During the week, June 26th to 30th, the Institute holds its sixty-first annual session in the same city. Twelve years ago the membership in the Institute numbered 1,600, to-day it has 2,000 members, which is a comparatively small increase in twelve years.

We learn, however, with pleasure, that the energetic committee on new members which has been doing splendid work, has a surprise in store for us in the number of new members that it has secured. There remains almost a month yet in which for each individual member to get in good work in securing new accessions to the membership of our national organization. We must add one thousand new members at this meeting; it can be done, and done easily, if each will do his share of the work.

That there will be a large and successful meeting at Chicago goes without saying; the wise men of the school will be there, the bone and sinew of American Homœopathy will be there and we believe that the inspiration received at this meeting will exceed that of the meeting of twelve years ago when homœopathic physicians from all parts of the world were present to do honor to the cause we advocate. The Illinois State Homœopathic Society, which is by far our strongest State society, has planned a royal program of entertainment; it is to celebrate its own semi-centennial. The societies of the neighboring States of Iowa and Wisconsin have given up their State meetings, and are to turn in with their presence and counsels to make the national body a success; the local committee, which is, as our readers know, composed of the leaders of the profession in the city of Chicago, has completed arrangements for place of meeting, and for the accommodation of any number of attending members or physicians. The officers of the Institute and the affiliated societies have completed programs that should attract every homœopathic physician in the land to the meeting, and the outlook is certainly a grand one for a large and enthusiastic convention.

There are many questions of moment and importance that are likely to come before the meeting for discussion. Doubtless the question as to whether there is to be an affiliation of the Ophthalmological, Otological and Laryngological Society with the Institute will be decided, and should this society not accept the courteous invitation of the Institute to become a part of it, the question whether these branches are to be represented by a new organization or bureau will receive attention.

The question of the publication of the transactions in journal form will doubtless come before the convention, and the discussion thereon is likely to show the pros and cons of the proposed change.

The report of the Board of Trustees of the Institute for drug proving will be listened to with interest. This is a work that should interest every member of the profession, whether a member of the Institute or not.

The question of changing the time of the meeting for 1906 so as to meet the necessities of the quinquennial meeting of the World's Congress of Homœopathic Physicians and Surgeons will have to be discussed and settled, as our English confreres cannot arrange an American trip during the month of June, which is the height of their season. A suitable place of meeting for this congress will also have to be decided upon.

To our mind the most important bureau to report is that of Homœopathy. The subject selected by the chairman of this bureau for discussion is the Propagandism of Homœopathy. We published the program of this bureau in our last issue, omitting the names of those who are to discuss the various papers. Since that writing the program has been completed, and the most prominent men of the school are placed thereon as discussors. There is no more important work to be performed than a thorough organization of our forces for propagandistic work, we have been self-satisfied too long, we owe it to our patients, we owe it to our hospitals, we owe it to our colleges, and we owe it to the people at large to spread the doctrines of homœopathic medicine in every direction. It is a work that will add strength to every homœopathic institution in the land, and we shall certainly feel a keen sense of disappointment, if not of discouragement, if this work is not energetically taken hold of and pushed for all it is worth. A thorough propagandistic effort for homœopathic education throughout our country will add to the patients in our hospitals, the students in our colleges, the patrons in our practices, and the membership in our societies. It is a most necessary work, and now is the time and Chicago the place in which to begin it.

Let every homœopathic physician in the land be in Chicago sometime from June 26th to 30th, and lend his counsels to the good work, if he has no counsels to give or lend, let him grace the occasion with his presence.

Art Institute.

EDITORIAL BREVITIES.

A Gratifying Appointment.

It is with a sense of extreme satisfaction that we are able to inform our readers that the homœopathic school has received from the State of New York a measure of the recognition that by right belongs to it. Governor Higgins on May 3d sent to the Senate the name of Dr. Eugene H. Porter to be State Commissioner of Health, to succeed Dr. Daniel Lewis. The term of office is for four years, and begins at once.

This is a decided victory for the homœopathic school in this State, and will be appreciated by the entire school. Dr. Porter is best known as the editor of that old and sterling homœopathic periodical, the North American Journal of Homœopathy, he is a member of the Board of Managers of the State

Hospital at Gowanda, he is a member of many homœopathic societies in this country and abroad, and is a prominent member of the executive committee of the Republican Club of New York City. The importance of this appointment is especially prominent when it is remembered that the only appointment of a Homœopath as a State officer was merely one to serve on the private staff of Governor Flower. According to the press reports there was a spirited opposition to the appointment of Dr. Porter by the allopathic school, and Governor Higgins had disregarded that opposition, deciding, evidently, that the time had come to recognize Homœopathy. Be that as it may, our thanks are certainly due Governor Higgins, not only for the appointment, but for his choice of Dr. Porter, than whom no better man could possibly be found to fill the important position of Health Commissioner. Not only is the State of New York fortunate in securing his services, but the doctor is to be heartily congratulated on his securing the position for himself and the homœopathic school.

AUDITORIUM HOTEL—HEADQUARTERS.

The Changes in Twelve Years.

The coming meeting in Chicago will see many changes in the personnel of the membership in the Institute from the last meeting of twelve years ago. We recall that prominent on the floor of the Institute in all its business sessions and ever ready to do work for the good of the organization were many who have now gone to their long rest. There was J. S. Mitchell, President of the Congress; W. A. Dunn, Secretary of the Congress; there was Henry M. Smith, William Tod Helmuth, T. F. Allen, S. H. Talcott, Martin Deschere, I. T. Talbot, Reuben Ludlam, Bushrod W. James, T. Y. Kinne, T. C. Duncan, J. P. Dake, Conrad Wesselhœft, Clarence W. Butler, N. Schneider, and many others who were foremost in the Institute councils, who will be missed by those who look back to that meeting of long ago. Others, however, have sprung into prominence, and we trust the need will always create the man. It is the usual history elsewhere, and we feel confident that it will be so in the American Institute of Homœopathy.

The Reason Why.

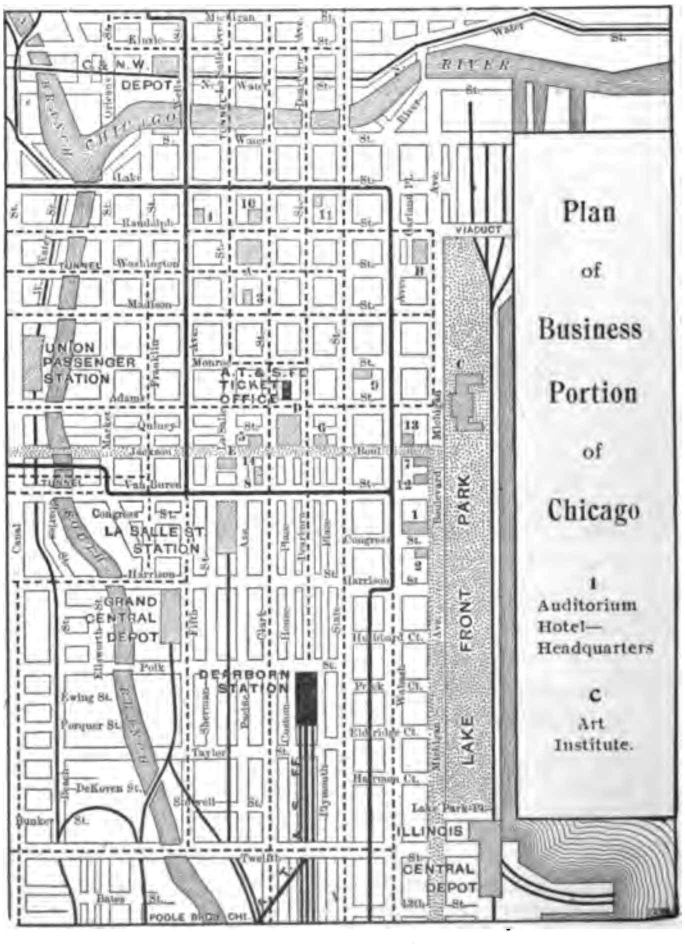
Our brother of the Hahnemannian Monthly, with his usual directness, hits the head of the nail a direct blow when he gives as a cause of the diminishing number of medical students in our colleges, the lack of aggressiveness in our school. This is what he says:

"The reason students are no longer attracted to the homœopathic profession is, that as an organization we are no longer aggressive contributors to medical science; we are no longer constructive workers. Contrast this with the activity of the members of our school during the earlier days of Homœopathy. Then we see Hahnemann alone, proving with indefatigable labor over eighty drugs. Following his example came Hering, Dunham, Hale and numerous others, through whose labors and studies reprovings and new provings were constantly being added to our knowledge of Materia Medica. Every homœopathic physician was an enthusiastic investigator of the effect of drugs on the human body, and almost every student was a prover."

All of this is most true, and if we would save our heritage we must work. The new Institute for drug proving is an institution that will bring about a renewal of the early enthusiasm of the homœopathic school, an enthusiasm that is needed now more than ever before.

The Way to Get There.

Nearly all roads lead to Chicago, but like roads leading to Rome, some are better than others, and especially are some more convenient than others. Those members coming from all parts of the East will find the Michigan Central road, which runs from Buffalo to Chicago, the most practical one to take for the following reasons: 1. Its summer train



service is arranged to suit the necessities of physicians, for they can leave any eastern point at almost any time and make good connections at Buffalo. 2. It passes by Niagara Falls, and a ten minutes' view of this wonder of nature is always refreshing. 3. It passes through a beautiful and interesting country with very little of prairie scenery, instead of hours of this there is just enough. 4. It lands one right in sight of the Auditorium Hotel and the Art Institute, to either of which places one can walk in five minutes; no transfer across the city, and if the strike is still on, or another comes, one is not at the mercy of the unions. All roads from eastern points center in Buffalo, and it is likely that as the majority of the eastern members will go by this route, there will be plenty of company from all points. From St. Louis and the southwest no one will think of any other road than the Chicago and Alton, from the south and southeast the Illinois Central and the Monon will be found the most convenient, and from the northwest the Wisconsin Central will doubtless have the largest delegation. Above all, do not forget to secure certificates from the agent on purchasing tickets, by so doing you will get your return trip at one-third fare.

Editor's Table.

GENERAL NOTES.

The fiftieth anniversary of the founding of Hahnemann College of Chicago will be celebrated during the Institute week. The two great bodies of alumni of the Hahnemann and the recently united Chicago Homœopathic Medical College will be present in force to celebrate the occasion.

The May issue of our esteemed contemporary, The Clinique, returns to its old form, abandoning the double column plan formerly followed by the Medical Era.

Dr. J. Wilford Allen has removed his office to 117 West 12th street, New York, opposite his former location. He will devote himself hereafter solely to the treatment of chronic diseases.

The customary rate of a fare and one-third has been granted by the passenger associations for the meeting in Chicago. Tickets will be issued going June 22d to June 28th, and returning tickets will be valid until and including July 5th. Dr. W. O. Forbes, of Hot Springs, Arkansas, is chairman of the transportation committee.

A banquet was held in Erie, Penn., in memory of Hahnemann's birthday, and incidentally to regenerate and re-establish the Erie County Homœopathic Association. About twenty were present, and it was altogether a most enjoyable affair, and the prospect is that a strong society will result.

Our business office calls our attention to a note in one of our esteemed western contemporaries, telling of the visit of a certain physician to their sanctum "with his accustomed smile." Wonder if that pays his subscription in that office. He may have smiled on our sanctum some years ago, but that did not prevent the business management from crossing his name off the list for non-payment of subscription. "Accustomed smiles" even if "of satisfaction," don't go with our printer.

Dr. Elwyn W. Capen has assumed charge of Dr. J. P. Rand's practice in Monson, Mass.

Dr. Arthur S. Moore has been appointed junior physician in the State Homœopathic Hospital at Middletown, N. Y. The doctor speaks highly of the good work this institution is doing.

Dr. Genevieve Tucker announces that after a fourteen years' residence in Pueblo, Colorado, she can no longer live in a high altitude, and has removed to Davenport, Iowa.

Dr. John F. Beaumont has removed his office to the Hayworth building, corner of Wabash avenue and Madison street, Chicago, Suite 1414.

Our thanks are due to the editor of the Cleveland Medical and Surgical Reporter for some pleasant words about our April issue and the pictures of Hahnemann therein contained.

The site of Hahnemann's birthplace pictured in the last issue of the Medical Century, is now occupied by a modern building, a restaurant occupies the ground floor as formerly, and the bust formerly over the door is placed in a corresponding position in the new building.

We have received from Dr. Richard Haehl, editor of the Homœopathische Monatsblaetter, a copy of the Festschrift, issued in honor of Hahnemann's 150th birthday. It contains several fine pictures of Hahnemann and some modern pictures of Meissen, his birthplace. The doctor will please accept our thanks.

There is a wise physician of Clarkesville, Tennessee, who asserts in the Journal A. M. A., that there is no longer any excuse for the separate existence of the homœopathic school, as most Homœopaths have renounced the laws of Hahnemann. The Clarkesville savant evidently gets his knowledge and inspiration from the writings of his own school.

The Journal of the A. M. A. exposes the Manola Company of St. Louis, and shows the way it gets cheap doctors to peddle its wares and also how it soaks druggists. We have never used Manola, sherry wine is cheaper, and to our minds a better preparation.

Dr. J. P. Cobb announces the taking of offices in the Hayworth building, corner of Wabash avenue and Madison street. Hours, 11 A. M. until 1 P. M.

A recent issue of the Mount Clemens daily Leader gives a flattering account of the successful practice of Dr. J. A. Lenfestey of that well known resort. Dr. Lenfestey is one of the most popular physicians of Mt. Clemens, and does a fine business.

Drs. Arthur and Francis Peake, the latter formerly of Alexandria, Minnesota, have associated themselves in practice at Valley Falls, North Dakota. The best wishes of the Medical Century attend them.

Dr. Frank Kraft, our brother of the American Physician, and well known teacher of homœopathic Materia Medica, was invited to give a brief course of lectures in the post-graduate course at the New York Homœopathic College last month. That they were greatly appreciated goes without saying.

Dr. H. F. Biggar, of Cleveland, was in New York a week or two ago.

The commencement exercises of the Cleveland Homœopathic Medical College was held on the evening of May 17th. The graduating class numbered twenty-two. Dr. G. J. Jones gave the annual address, and Dr. W. A. Phillips the valedictory. The alumni banquet was held the previous evening in conjunction with the State Society banquet. A luncheon was given the alumni on May 17th.

The commencement exercises of Pulte Medical College, of Cincinnati, were held in conjunction with the meeting of the Miami Valley Homœopathic Society on May 2d. There was a good audience present, and the graduating class numbered six. Dr. J. D. Buck delivered the address, and Dr. W. A. Goehegan presented the diplomas.

Dr. D. M. Shoemaker, of Pulte, 1905, obtained by competitive examination the position of resident physician in the Cumberland Street Hospital of Brooklyn, N. Y.

President J. H. Wilson, of Bellefontaine, O., in his address before the Ohio State Homœopathic Society, emphasized the value and necessity of organization in our school, and the foremost men in our ranks will agree with him.

Drs. Parmele, Humphrey, McVay, Sbinden, Boice-Hayes, Davies, Maxwell, Crawford, of Toledo, attended the Ohio State Society in Cleveland last month.

Dr. J. W. Downs, of Ottawa, Ill., was present at the Ohio State meeting in Cleveland last month. Dr. Downs is one of the best organizers in the school . Incidentally he was present at the reunion of the class of 1880 of the Cleveland Homœopathic College. The graduating class of that year numbered 96.

Dr. M. P. Hunt, of Columbus, Ohio, made a brief trip to the Pacific Coast last month, visiting his brother, Dr. J. S. Hunt, of Santa Monica.

The Critique, of Denver, has a kind word to say of our Hahnemannian pictures and our enterprise. Well, now, brother Critique, you are not too slow yourself when it comes to enterprise. We can always find something worth stealing from you.

The Denver Homœopathic Medical College held its annual commencement on April 27th. The graduating class numbered six.

The commencement exercises of the Detroit Homœopathic Medical College were held on the afternoon of May 16th at the Detroit Opera House. Addresses were made by Mayor Codd and President G. G. Caron. Dr. C. C. Miller presented the diploma of the college to twelve graduates. A banquet was held at the Cadillac Hotel in the evening, with J. Palmer, Jr., acting as toastmaster. Toasts were responded to by Drs. Kendall, J. C. Martin, A. M. Hutton, George Koessler, and Rev. George Elliott.

Webster's new International Dictionary is a work that every physician and student should have. It is almost a waste of money to buy a mere medical dictionary, for in this fine work there is to be found every word that occurs in every medical dictionary and also thousands that do not.

We have received from several of our advertisers some interesting literature in the shape of pamphlets. The Antiphlogistine people sent us a picture of the "original substitutor," and to tell the truth he looks like the devil, and we know that his imitating successors raise the devil with honest firms. As soon as a really meritorious article is put forth, one may know it is good by the fact that imitations are sure to follow it. So it is with Antiphlogistine.

Mr. Fellows of well known hypophosphite fame sends us a pamphlet, entitled "Considerations Concerning Convalescence," which is readable and instructive. The New York Pharmacal Co. sends us a tasty booklet under the title, "As Others See Us," consisting of clippings of commendation of their preparations.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The Washington Auxiliary of the Alumni Association of Hahnemann Medical College of Philadelphia, Pa., was reorganized on the evening of May 3d. This organization has existed for a number of years, but has not had any meetings recently until the present month. Said meeting was held at the office and residence of Dr. William Rufus King. Those now composing the association are Drs. C. B. Gilbert, L. B. Swormstedt, Wm. Rufus King, C. A. Davis, B. F. Gibbs, G. W. N. Custis, T. L. Macdonald, L. D. Wilson, H. Wells Woodward, Marvin Custis, Wm. Heron, McPherson Creighton, John S. Stearns, Wm. Hayes Brown, W. R. Buchanan, John R. Sharp, F. A. Bishop, Homer I. Silvers, and Chas. Goodell.

The following officers were elected for the ensuing year: President, Dr. Wm. Rufus King; Vice-President, Dr. McPherson Creighton; Secretary, Dr. Homer I. Silvers; Treasurer, Dr. C. B. Gilbert.

The meeting was an enthusiastic one, and several members stated their intention to be present at the alumni banquet. Drs. King, Gilbert, Swormstedt, and Creighton made some remarks concerning the past efforts and accomplishments of their Alma Mater.

Dr. Chas. L. Bliss has been spending ten days at Atlantic City, resting from his arduous winter's work.

The topic for discussion at the meeting of the Homœopathic Medical Society, held May 9th, was The Localization of Indigestion, which was treated under the following heads:

1st. The Salivary Glands and Pancreas, a short paper being read regarding their anatomy, physiology and pathology, by Dr. J. H. Branson.

2d. The Stomach, by Dr. George H. Wright, in which article the doctor gave a very complete treatise upon stomach digestion and indigestion.

3d. The Liver, by Dr. G. F. Day; owing to the doctor's unavoidable absence, this paper had to be omitted.

4th. The Duodenum and Small Intestines, by Dr. Wm. R. Buchanan. The doctor thought constipation and diarrhœa, the two opposite conditions, were the most common ones in which the duodenum played an active part in indigestion. He considered these conditions were aggravated by drugs, indiscretions in diet, improper character of food and drink. He spoke of constipation being caused by a lack of sufficient bacteria in the residue contained in the intestines.

5th. The Colon was treated by Dr. A. K. P. Harvey in quite an original article, in which he presented the idea that the colon was to some extent an unnecessary appendage to the intestinal tract. He regards it as an illogically arranged organ, and one which we could very easily do without. The fact that the contents have to be forced upward against gravity through a part of its course, makes it very liable to dilatation at that point, and he considers the absorption which takes place at the colon to be more productive of harm than good, owing to the fact that it is the poison of its contents that is absorbed, rather than the nutriment. His article provoked considerable discussion.

6th. The Kidneys, in a paper by Dr. John R. Sharp.

7th. The Remedies Acting on the Salivary Glands, Pancreas, Stomach and Liver, by Dr. A. H. Taylor, was quite exhaustive. Among others, he spoke of Chamomilla, Kali bichromicum, Mercurius corrosivus, Nitric acid, Phosphorus and Pulsatilla. Those acting upon the pancreas especially, he mentioned Mercurius iodum rubrum, Conium, Pulsatilla, Iris versicolor, Iodum, Spongia and Phosphorus. Among liver remedies he spoke of Bryonia and Chelidonium. Those acting upon the stomach particularly, he mentioned Hydrastis and Nux.

8th. The Remedies Acting on the Intestinal Tract were carefully reviewed by Dr. George E. Lewis. Among others he mentioned Aconite, Arsenicum, Mercurius, Carbo vegetabilis, Veratrum album, Colocynthis, Croton tiglium, Nux and Lycopodium.

Chemistry and Microscopy as an Aid in Diagnosis, was ably presented by Dr. Gregg Custis Birdsall. He mentioned a number of simple tests which may be useful and may be easily employed by the general practitioner in his office.

The papers produced considerable discussion among the members present, which was quite interesting.

The committee appointed at the last meeting to procure statistics regarding the deaths from epidemic cerebro-spinal meningitis, reported they found recorded a number of deaths in the north and west, but to date there had been no case reported in the District of Columbia in recent years.

The delegates appointed to attend the American Institute of Homœopathy were Dr. J. B. G. Custis and Dr. L. B. Swormstedt.

The Southern Homœopathic Medical College commencement and alumni banquet were held in Baltimore the evening of May 9th. The attendance was large, and much interest was manifested. Drs. Swartwout, Lothrop, Lewis and Branson were present from Washington.

OBITUARY.

Dr. D. Albert Hiller.

One of the pioneer homœopathic physicians of San Francisco, died in that city, April 25th, at the age of 65.

Dr. C. A. Scribner,

Of Delton, Michigan, died in April. He was of the Class of '91, C. H. M. C.

HOMŒOPATHIC MEDICAL SOCIETY OF MICHIGAN.

The thirty-sixth annual meeting of the Michigan Homœopathic State Society was held in Jackson, Mich., on May 18th and 19th. Dr. Dean T. Smith occupied the chair. The morning of the first session was spent in the usual addresses of welcome and transaction of routine business. The President's address was a carefully prepared one, and one showing much study and research. He dwelt upon the homœopathic relationship of modern investigations in bacteriology and serum therapy. The address was referred to a committee who commended it, and advised its publication. The work of the several bureaux, which reported throughout the session, was of high order. That of surgery was especially fortunate in having Dr. Charles E. Kahlke, of Chicago, present to read a paper and discuss others.

The evening of the first day was given up to a banquet with Dr. W. B. Hinsdale acting as toastmaster. After a fine collation toasts were responded to by Drs. Dean T. Smith, W. E. Clark, H. G. Glover, R. S. Copeland, Sara J. Allen, Hon. C. E. Townsend, and Rev. R. E. Macduff.

The election of officers on the morning of the second day resulted as follows: President, Dr. W. E. Clark, Three Rivers; First Vice-President, Dr. Harold Wilson, Detroit; Second Vice-President, Dr. J. D. Crum, Owosso; Secretary, Dr. J. H. Ball, Bay City; Treasurer, Dr. R. M. Richards, of Detroit.

The place chosen for the next meeting was Grand Rapids.

Among important measures acted upon at this meeting was the question of a closer organization in the State and the forming of local or district societies, a membership fee in which would entitle to membership in the State Society, and this in turn in the Institute, as provided by that body.

The services of Dr. J. H. Cowell as a member of the Examining and Registration Board were commended, and his reappointment endorsed unanimously.

The report of the Secretary, J. H. Ball, recommending the appropriation of $25 for the use of the Bureau of Drug Proving of the American Institute of Homœopathy, was adopted.

It was a large and enthusiastic meeting, in which the discussion of things homœopathic was a conspicuous feature.

ADDITIONAL GENERAL NOTES.

The New Jersey State Homœopathic Society held its annual meeting at the Continental Hotel, Newark, on May 25th and 26th.

The Annual Practitioners' Course of the Hahnemann Medical College and Hospital of Chicago was held during the week of April 24-29. It was a pronounced success, and the attendance was large and enthusiastic.

The Medical News, in commenting on the appointment of Dr. E. H. Porter as Health Commissioner of the State of New York, believes that the health of the State will be as efficiently cared for in his hands as it has been in the past, even though Dr. Porter is a homœopathic physician.

Dr. J. N. Ricardo, of Gaffney, S. C., has been appointed a member of the Homœopathic Board of Medical Examiners of South Carolina.

The Massachusetts Homœopathic Medical Society held its 65th annual meeting in Boston April 11th and 12th. The following officers were elected for 1906: President, Dr. John K. Warren, of Worcester; Vice-Presidents, Drs. John H. Sherman, of South Boston, and Adeline B. Church, of Boston; Secretary, Dr. F. L. Emerson, of Boston; Treasurer, Dr. T. M. Strong, Boston.

A festival dinner in commemoration of the 150th anniversary of the birth of Samuel Hahnemann was held under the auspices of the British Homœopathic Society on April 10th at the Hotel Cecil, London.

Dr. W. B. Hinsdale, Dean of the Homœopathic Department of the University of Michigan, will spend his summer vacation in study and travel in the British Isles.

Dr. A. B. Norton will spend the summer traveling on the Pacific Coast, taking in the principal points of interest from Port Townsend to Tia Juanna.

AMERICAN ANTI-TUBERCULOSIS LEAGUE.

The meeting of the American Anti-Tuberculosis League in Atlanta, Ga., April 17-19, was of great interest and value. Doctor George Brown, its able executive officer, had shown great ability and energy in the organization of this association, and to him was the credit of its pronounced success. There were several hundred physicians in attendance from the East, West, North and South, but as was naturally the case, from Atlanta being the place of meeting, principally from the South. It was a cause for regret that our school of medicine did not have a larger representation. We had been invited to participate, and delegates had been appointed by the President of the American Institute of Homœopathy, and by other homœopathic organizations. Of the twenty-two delegates from the Institute only Doctor T. Franklin Smith and myself reported for duty, and we were the only representatives of our school who presented and read papers.

One or two others were on the programme, but they were not present, and consequently their papers were not read. It is cause for regret that there was not a more general acceptance of the invitation to participate in and become members of this association. Certainly the prevention of tuberculosis is a common ground upon which physicians of all schools of practice can meet. The question of treatment was not considered, so there was no opportunity for any difference of opinion on that point.

The selection of El Paso, Texas, as the place of meeting for next year, was, I consider, a serious mistake. It will require a long and expensive journey, and must depend for its success in great measure on the physicians of the West and Southwest.

I trust, however, that the homœopathic delegates will assemble in larger numbers than they did in Atlanta.

Henry R. Stout, M. D.

Jacksonville, Fla.

NEW YORK HOMŒOPATHIC COLLEGE COMMENCEMENT.

Alumni day at the New York Homœopathic Colelge was May 11th. A fine programme had been prepared which was carried out in all its essential features. There was first an address by Dr. William Harvey King, the Dean. This was followed by a lecture on the High-Frequency Current, by Dr. C. F. Adams, of Hackensack, N. J., and this by a lecture on Materia Medica, by Dr. St. Clair Smith. After this a portrait of the late Martin Deschere was unveiled in the ampitheatre of the college building. A surgical clinic by Dr. Nathaniel Robinson, of Brooklyn, followed. A luncheon was then served in the alumni laboratory of the college building.

The commencement exercises proper were held in Mendelssohn Hall and the banquet at the Waldorf-Astoria in the evening, Dr. W. W. Blackman presiding. A large audience was present at the exercises in the hall as well as at the evening festivities.

Clinical Notes on the Use of Nux Vomica, Especially in Certain Forms of Hypochlorhydria.

Dr. John H. Musser, of Philadelphia, told of those cases of gastric neurasthenia with hyperchlorhydria in which sedatives, antacids, etc., failed but large doses of Nux vomica gave relief. Ascending doses of the drug were given until its physiological effect was produced, as shown by a slight stiffness in the neck and vertigo. When those symptoms appeared, the dose was reduced five or ten drops, and after a while the dose was again increased. Sometimes four or five months were required before the best results were obtained. The agent was given before meals, and the dose, of course, varied with the individual.—Medical Record.

We would respectfully suggest to Dr. Musser that he try Nux vomica in diminishing, instead of increasing doses, in these cases, according to indications laid down by one, Samuel Hahnemann. He will not then have to wait "four or five months" to obtain "the best results."

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Therapeutics.

THE ACTION OF THE FINSEN LIGHT AND X-RAY ON NORMAL TISSUE.

BY ROLLIN H. STEVENS, M. D., DETROIT, MICH.

Just one decade has passed since the discovery of the Finsen light and the X-ray. In that time an immense amount of experimental work on disease has been done with both agents. Prof. Finsen, like our own Hahnemann, first "proved" the action of light on normal tissue before trying it in disease, but the X-ray was long used in disease, taking the hint from Finsen's success, before it was tried in health. The result is the Finsen light now rests on a sound basis, with its indications and limitations well outlined, while those of the X-ray are still chaotic. Attempts have been made, however, to bring order out of X-ray chaos, and some "provings" have been voluntarily and involuntarily made, the former, however, only upon lower animals, and the latter mostly on human experimenters. So that now we understand to some extent the dangers and limitations of the X-ray.

Inasmuch as the Finsen light, because of its great expense and limited field of action, is not in general use, I find there is much lack of knowledge among general practitioners and even specialists as to its sphere of action, hence this short essay in response to a request for a paper for the Bureau of Pathology in this Society.

The action of light on the tissues has been studied by several investigators, such as Moller, Leredde, and Pautrier, Jansen, Dreyer, Wauscher, Busck, and before them all, Finsen, Widmark, Bouchard, Unna and others. The effects of sunlight in producing "sunburn" and freckles we are all familiar with, but it remained for Finsen and Widmark to show that these results came from blue violet and ultra-violet rays, or the so-called chemical rays of light, and not from heat.

Finsen, too, has demonstrated that light has the power to increase rapidly the red blood cells and hæmoglobin, and there is in the institute he founded in Copenhagen, a room where "cold" electric light baths are given for the treatment of anæmia. Here the nude patient walks about exposed to the light from a carbon arc, drawing 200 amperes of current under a pressure of 75 volts. There is also a sun bath on the roof of the institute, where the nurses, as well as patients, in the summer, almost daily expose their nude bodies for one-half hour to the rays of the sun. This proves to be very efficacious in maintaining a good condition of health in the hard worked nurses, who are daily confined indoors, treating hundreds of tubercular patients. It has been my dream for a long time to establish sun baths on the roofs of the high buildings of our cities in order that the business man, the clerks, stenographers and others who are confined most of the day indoors, might allow the sun to deliver some of its energy through the capillaries of the skin to the blood current. Such baths could be made use of at the noon hours by busy office people, and would do more toward the prevention of tuberculosis than dozens of $100,000 State hospitals for consumptives. Why not begin at the source of the trouble instead of at the other end? Light is the enemy of tuberculosis. The Finsen light, however, is different in degree from diffuse sun light or electric light. It is concentrated electric or sun light. Diffuse light is constructive. Concentrated light is destructive. The Finsen apparatus is designed to allow rays of the sun or electric light to pass through a series of lenses and some liquid whose object is to concentrate the largest number possible of chemically active rays, whilst removing as many of the heat (red and ultra red) rays as possible. The thus concentrated and cooled light is applied to a small spot of the skin, which is kept first within focus, so it is not more than two or three centimeters in diameter. In order to secure good results the light must be applied thus whilst making pressure to remove the blood for from one-half to one hour. The blood must be removed because the red corpuscles absorb the light, and thus prevent penetration.

When the light is thus applied for one-half hour we note the following changes twenty-four hours later, according to Von Voress (Monatshefte fur Oraktische Dermatologie, Bd. 40, No. 8, p. 429): 1. Macroscopic. Erythema and flat vesicle. 2. Microscopic. The corneal layer of the skin is broader, raised up, layers widely separated from one another, and do not stain so intensely as unlighted parts. The true skin is œdematous, the lymph spaces dilated, connective tissue cells rich in granoplasm, and are stained light red by Unna-Pappenheim method. Blood vessels are dilated, especially the deep ones, and filled with many red and white corpuscles. Here and there we see leucocytes in the connective tissue.

This serves to explain the action we get in the treatment of port wine colored birthmarks. We treat these cases one-half hour to a spot, twenty-four hours after which a similar reaction takes place, which twenty-four hours later is changed, in that a yellow crust takes the place of the blister. Seven or eight days later the scab falls off, new epithelia have been formed beneath and thrombosis of the vessels has followed the dilatation, and the skin is lighter in color. The process is then repeated again and again, until finally an almost normal skin is found in place of the birthmark.

After exposure to the concentrated light for one hour we note a somewhat more intense reaction, as a rule, with formation, perhaps, of a large blister. On excising the skin twenty-four hours later we note that it is two or three times thicker than normal, being swollen by reason of the œdema in the epidermis and cutis. Blisters are found under the corneal layer resting on the broad œdematous epithelia of the prickle layer, the transitional layers having disappeared. The cells are very large and instead of their protoplasm and nuclei staining in very different shades or color as usual, they stain somewhat homogeneously, thus showing a chemical change in the protoplasm and chromatin. The vesicles or blisters are filled with many large polynuclear leucocytes and many globules, which stain dark blue with Unna's polychrome. Many mitoses are found in the deeper rows of the prickle cells, thus showing strong tendency to proliferate and fill the ranks of destroyed cells above. In the epithelia and vesicles as well as in the cutis below are noticed many pigment cells, again showing the efforts of nature to protect her cells against the destructive influence of the light. Bundles of connective tissue in the cutis are swollen and separated from one another, more especially in the upper part, but almost free from œdema in the deeper layers. All vessels are strongly dilated and filled with mixed corpuscles, there being many leucocytes but few lymphocytes. The thickened connective tissue cells contain many daughter nuclei, thus showing also great tendency for the fibrous tissue to proliferate.

On examination of similar tissue forty-eight hours after exposure for an hour, we find the blisters dried up as a thick yellow scab, adhering to a red, erythematous base.

Under the miscroscope are noted the following changes: The skin is still about 2½ times thicker than normal. The epithelial layers can scarcely be differentiated from one another; they look like homogeneous masses of broad strips. The prickle cells do not stain well as usual with Unna's polychrome. They look pale and grayish, and their contour and nuclei are only in the deepest layer visible. There is much infiltration of whole necrotic epithelia with leucocytes. In all parts of the epithelia are numerous pigment cells, but they are now somewhat scarce in the cutis, showing they have gradually wandered toward the source of light, but at the end of forty-eight hours are being no longer reproduced,or at least only in small numbers, as there is no longer need for protection against the light. The cutis is still much swollen and œdematous, but much less œdema toward the deeper layers, small groups of plasma cells are found in the connective tissue, as are also large numbers of polynuclear leucocytes, especially deeper layers. Numerous leucocytes are also found in the epithelia, while the œdematous zone between these superficial and deep parts have but few leucocytes.

Examination seven days after one hour's exposure shows the skin covered with a small loosened scab about ready to fall off, while the skin is elastic, of dark reddish or brown color. Under the microscope there is no œdema, and the inflammation appears to be over. The prickle cells still show many mitoses, as do also the connective tissue cells, which are rich in granoplasm. There are numerous plasma cells and a few migrating leucocytes. There is hypertrophy, especially in deeper layers.

Thus we see the light causes injury to all the cells as far as the deeper layers of the cutis, but the injury is soon repaired by fresh, well-nourished daughter cells, and regeneration is complete with proliferation of fixed connective tissue cells. To sum up, the skin passed through, first, acute inflammation with œdema, blister, dilatation of vessels, thrombosis of vessels and migration of leucocytes. Then followed necrotic degeneration of epithelia except the deeper layers, and finally reaction in a week's time with hypertrophy of connective tissue and multiplication of epithelial cells as well.

On bacteria the light quickly exercises a destructive action.

On the normal sweat and oil glands there is no record of destructive action except in disease such as rosacea, where we know the hypertrophied sebaceous glands are much reduced in size, the invading germs probably being destroyed, and the weakened proliferated epithelial cells undergoing a hyaline degeneration.

It will be apparent then to all that the field of the Finsen light must be limited to lesions involving the skin only, and not very much thickened, as destructive penetration does not go any deeper than the true skin. Also from the fact that a small spot no larger than a nickel can be treated at one time, it would at present, at least, not be practicable to treat very extensive lesions. Thus lupus vulgaris and erythematosus, red birthmarks, alopecia areata, lichen planus, chronic dry eczema, rosacea, syphilides, small patches of psoriasis, superficial epithelioma, etc., all respond nicely to the treatment.

With the X-ray the process is quite similar in some respects, but much more profound, the regenerative functions not taking place so readily. We are all more or less familiar with the effects of X-ray on normal tissue, and those who are not can easily read up the matter in any of the text-books on the subject, so I shall not go into them in detail, but only mention a few points for comparison. We note erythema and sometimes vesiculation ulceration, but the time of appearance is indefinite. It may begin at any time, from a few weeks to several weeks after treatment, or may not appear at all unless treatment is prolonged. It is also accompanied or preceded by formation of pigment, so that it has a dissimilar appearance to the sunbeam or Finsen light erythema. It is diffuse,or in spots, as though certain portions of the field treated has more exposure than other portions, and no doubt this is so. On histological examination we find œdema of the epidermis and cutis as in Finsen light inflammation. In the case of X-ray, however, Scholtz notes not only degeneration of the protoplasm of the epithelial cells but shrinkage and clamping of the nculei, and while some cells showed nuclei in process of division there were no mitotic figures, and mitoses were rarely observed. Thus here the power of regeneration is apparently badly interferred with. Not only were the epidermal cells thus affected, but the cells of the cutis as well; here again differing from the Finsen light. Similar changes were also found in the cells of the sweat and oil glands, and the intima of the larger blood vessels. When this degeneration reaches a certain degree then the blood vessels react, dilate, pour out, serous and leucocytic emigration takes place.

Thus we have in the X-ray what might be termed a more chronic reaction, while that of the Finsen light is acute. In X-ray dermatitis degenerative changes take place slowly, gradually, progress till complete destruction of normal tissue may take place, even the muscles, nerves and bone sometimes sharing in the destructive process. These changes may be so gradual and profound as to produce keratosis and cancer, even stomach, and bowel, and nervous disturbances. In this respect we are reminded of chronic arsenical poisoning, and when we note the diseases the X-ray has been found useful in we are reminded of the apparent similarity between the symptoms produced and the symptoms cured, even to the production and apparent cure of cancer.

The influence of the X-rays on the sexual organs has excited a good deal of attention during the past year or so. First it was observed that several X-ray operators recalling small, frequently repeated doses of the ray were sterile, and examination of the semen shows ozoospermia. This has been amply confirmed by recent experiments on animals, in which it was shown that both the male and female sexual cells were quickly destroyed by the rays. There is a close relationship between this fact and the fact that the life cycle of the cells of cancer has been shown to be identical with that of the sexual cells. And here we are more impressed with the fact that the X-ray both produces and destroys this kind of cell.

Dr. Warthin, in the University of Michigan, has been making some experiments on the effects of X-rays on bone-marrow. He used white rats for the experiments, and exposed them for five hours continuously to the rays. By that time the sexual impulse was strongly stimulated, the penis remaining out in erection till it dried up, the testicles descended into the scrotum; both were much swollen so that they dragged on the ground, and the animals tried continualy to have intercourse with one another or anything placed in the cage. Finally, at the end of eleven days they died, and examination showed complete destruction of all sexual cells. Thus the interesting fact is brought out that primarily in large doses the X-ray stimulates sexual activity, and secondarily, from frequently repeated small doses or from large dose, produce death of the cells.

Is it possible that certain doses of the X-ray might be used to cure sterility or nymphomania? Is it possible that in the near future we shall have learned the exact indications for the use of X-rays in cancer and many other diseases? Telangiectasis has been produced in the face after removing hairs by X-rays. The rays have also been used with some success in the treatment of rosacea and birthmark. The first symptoms of X-ray erythema are itching, pricking, burning, erythema, œdema of skin, then scaliness, etc. In fact, a form of dermatitis resembling eczema, and yet it is a very potent factor in the cure of some forms of eczema. Many other suggestive illustrations might be used, but these suffice to indicate to us who believe in the law of similars that from the use of the X-rays we are gradually accumulating considerable interesting data which may yet force our skeptical friends, who should work with us and not against us, that the law enunciated by Hahnemann is not all moonshine, but fully worthy careful study and investigation.

Practice of Medicine.

THE SMALL INTESTINE AS A FACTOR IN INDIGESTION.

BY WM. R. BUCHANAN, M. D., WASHINGTON, D. C.

[Read before the Washington Homœopathic Medical Society, May 10, 1905.]

It was scarcely to be expected that anything new or interesting could be written concerning so trite a subject as that of the non-febrile disorders of the small intestines, constipation and diarrhœa, the two most common ailments with which the physician has to deal. So common, so ordinary, that the laity considers itself entirely competent to treat them, to the great profit of the druggist and the manufacturer of liver pills, and, sooner or later, to the profit of the doctor also, by making chronics, who eventually require skilled treatment.

A common, every-day subject, difficult by reason of its very commonness. It was difficult to keep the road, to avoid wandering in the fields of "specific infections," for instance, or the "summer diarrhœa of children," or "auto-intoxication," to avoid encroaching upon the territory of my neighbors, the stomach, the pancreas, the colon. But the path had been laid out for me; you may see for yourself how straightly I walked it.

The duodenum, notwithstanding its peculiar histological structure, its fixed anatomical position and its relation to the pancreas and gall bladder through their respective ducts, is apparently subject to no disorders which are not common to the other portions of the small intestine. The presence of jaundice, and a dull pain on pressure in the right hypochondriac region, will indicate the involvement of the duodenum in an intestinal inflammation, but the diseased process is rarely confined here, and as the etiology, pathology and treatment are similar throughout, we will consider diseases of the duodenum included when we speak of enteritis.

Enteritis may be defined as an inflammation of the small intestine, involving particularly the mucous membrane, and to a less extent the sub-mucous layer. Two varieties are recognized, acute and chronic.

In discussing the etiology of acute catarrhal enteritis we notice that because of the position and length of the intestinal canal, it is particularly liable to be affected by any kind of irritating substances which are ingested, unless these are rendered harmless by the stomach, as well as by certain excretory products which pass through its walls. And especially must we remember that any obstruction to the returning blood, in the portal system, or a lack of sufficient support for the walls of the blood vessels, causes an abnormal condition of the blood supply of the intestinal walls, and thus furnishes an important and frequent cause of enteritis.

Probably the most frequent cause is to be found in an unsuitable dietary. And here we are confronted with our arch enemy, the individuality of the patient. In perhaps no other series of diseases does the personality of the patient so largely govern the treatment of his condition. That old saying: "One man's meat is another man's poison," is literally true, and in studying gastric and intestinal disorders we have to bear in mind constantly the patient's idiosyncrasies. There are certain substances, however, which usually act as intestinal irritants, such as unripe fruits, green corn, cucumbers, cherries, certain sea foods and impure drinking water. And we are not to forget that wholesome food, if taken in too great quantities and only partly masticated, may excite a diarrhœa either by causing an increased peristalsis or by setting up a true catarrhal inflammation of the intestine.

Other causes there are in great abundance, such as sudden chilling of the body after being overheated, cold drinks or ices taken immediately, excessive summer heat, which gives rise to that much dreaded children's disease, "summer complaint," extensive burns of the skin, which cause a toxic substance to be formed at the site of the burn, which substance is excreted into the upper portion of the intestine forming the duodenal ulcer.

Traumatic causes, such as blows on the abdomen, gall stones, intestinal worms, all these are exciting causes of intestinal inflammation. Of predisposing causes the more important are age, the extremes of life being the more susceptible, and finally we know that catarrhal enteritis accompanies numerous other diseases of the intestines, such as tumors, invagination, peritonitis, as well as many of the acute infectious diseases.

The ordinary sequence of symptoms in catarrhal enteritis is somewhat as follows: There is at first a feeling of fullness and discomfort in the lower part of the abdomen. This soon amounts to actual pain, colicky or griping in nature and is quickly followed by diarrhœa. The pain usually disappears after evacuation of the bowels, only to reappear just before the next movement. The number of stools varies from two or three daily in the lighter cases, up to fifteen or twenty or even more in the severe attacks.

Diarrhœa is not always present, however, especially where the small intestine alone is the seat of the inflammation, and this naturally increases the difficulty of diagnosis as to the exact site of the lesion. Generally the number of movements is in direct proportion to the extent of involvement of the large intestine.

The consistency of the stools is at first that of, perhaps, the normal fæces, but it rapidly changes to a jelly-like substance, then gruel-like, and finally watery. Not infrequently are they frothy from the admixture of gas, the result of bacterial growth. The odor also is normal at the beginning, but soon becomes offensive, and in milk-fed patients is apt to be sour. Later, the watery discharges may become nearly odorless, but rapidly develop an offensive odor if allowed to stand. The color of the discharges will assist in determining the part of the intestine affected. When the upper portions are involved, the stools vary from brown to light yellow from the presence of unchanged bile pigment; or, in children (but not in adults), they may be green from the oxidation of this bile. Such substances as bismuth and iron, certain articles of food, and the presence of blood, all variously color the discharges, while in duodenitis, with a catarrhal occlusion of the common bile duct, the fæces may be very pale because of the absence of bile.

Always there is mucus present in the fæces, and early in the disease there may be found remnants of undigested food, pieces of meat, etc. We are told by Schmidt that when these bits of meat consist of connective tissue only they indicate a disturbance of the gastric function, but when muscle masses are found they are to be referred to a disturbance of the intestinal digestion.

Referring again to the subjective symptoms we find, in addition to abdominal discomfort and pain, a condition of thirst, but a decided loss of appetite. Nature is, as a rule, a poor doctor, but in this instance she begins right and makes it easy for the patient to do without food by taking away his desire for it. With the loss of appetite comes a certain loss of strength, a feeling of debility or malaise, which may amount, in certain cases, to severe prostration. Often the abdomen is distended, and is tender on pressure. Fever, as a rule, is not present, and when it does occur it is slight in degree and soon disappears. Certain cases have so severe an onset, however, as to raise a doubt concerning the diagnosis, so clearly do they resemble typhoid fever.

The urine is reduced in quantity and is concentrated. There may be temporary albuminuria and occasionally a few hyaline casts will be found, even in mild cases. As a rule, they disappear quickly when the catarrh improves. As was noted early in the paper, jaundice is a common symptom when the duodenum is involved.

Diagonsis is usually easy. The history of the case, usually of some indiscretion in diet or exposure, the acute onset, the diarrhœa with mucus in the stools, the slight abdominal distension, and diffuse or localized tenderness, all point to a condition of ordinary catarrhal enteritis. Occasionally, however, a febrile case will so closely simulate typhoid fever as to make necessary a Widal test in order to differentiate the two.

It is not so easy to determine the particular portion of intestine involved since, as we have said above, an uncomplicated enteritis may run its course without causing a diarrhœa. At the same time we still have the condition of the fæces as a guide, and we look for mucus, which always occurs in these cases, as well as for unusual quantities of undigested food, particularly muscle tissue, and the presence of unchanged bile pigment. These, together with the presence of abnormal quantities of indican in the urine, indicate that the seat of the trouble is somewhere between the pylorus and the ileo-coecal valve.

The course of the acute variety of enteritis is usually short. With intelligent dietetic and hygienic treatment and the use of the indicated homœopathic remedy, these cases should not last more than two or three days. The chronic cases are not so easily managed, however, and in some instances, although the severity of the symptoms may be lessened, the enteritis persists for life.

The general treatment of entertitis is principally dietetic. The diarrhœal condition has usually disposed of the exciting cause, and a temporary withdrawal of all food or the use of small quantities of liquid nourishment only, together with absolute rest and quiet, is usually sufficient to clear up the case. Should the colicky pains persist, however, and the abdomen become distended in spite of frequent stools, it may hasten recovery to thoroughly empty the bowels.

After the first day or two the patient may be allowed to take thin soups of barley, rice, oatmeal, etc, or gruels made from the common prepared foods used for infants. Occasionally milk alone, diluted with barley water or rice water, is all that is required. These may be followed by egg albumin, scraped raw beef, toasted bread or crackers, and later by lamb chops, tender steak and oysters. No potatoes should be taken while any diarrhœa remains. Fruits and vegetables should be taken only sparingly for a week or more after an attack. In chronic enteritis the principal articles of diet to be avoided are those which leave a large amount of residue, such as cabbage, beets, fruits containing many seeds, etc. Ice cold drinks are not to be taken in any case.

The medical treatment of these ailments is not within the province of this paper. We will, therefore, consider briefly a condition diametrically opposite the one just under discussion.

Constipation is a term applied to a condition of abnormal sluggishness in the movement of the intestinal contents through their canal. The large intestine is the principal offender in this condition, but the small intestine has a sufficiently important part in the matter to deserve at least a brief discussion.

The causes of constipation, even without considering mechanical and structural causes, are almost as varied as are those of diarrhœa. Habit, modes of living, occupation, bad ventilation, nerve wear and tear, age, sex heredity, the influence of associated diseases, excessive use of cathartics, anæmia, chlorosis and faulty dietary, all these and more are given by different authorities. Of these it seems to me the most important are habit, diet and the use of cathartics. Here, again, as in enteritis, we are forced to consider the ego of the patient. The rule of health would seem to be that the individual should evacuate the bowels once daily. That rule is subject to many exceptions, however, and we find some people who normally have two or three movements daily, while others are not inconvenienced if periods varying from two to three days intervene between the movements. So that habit as a cause of constipation must be considered in the light of the patient's idiosyncrasy. But irregularity, whether the normal interval be three hours or three days, is the evil against which we have to most earnestly warn our patients.

The reckless use of cathartics by the laity and by some doctors, is a cause of constipation which cannot be too strongly condemned. Their use sooner or later brings the user to that unfortunate condition where nothing but a repetition of some drastic purge will procure for them an evacuation.

As to the importance of diet as a cause of constipation, there is some controversy. In the December number of Progressive Medicine may be found an epitome of the conclusions reached by Strasburger and Lorisch as a result of their recent investigations of this subject. They claim that intestinal peristalsis depends not so much on nervous reflexes as it does upon bacterial activity; that the intestinal bacteria need something to feed upon in excess of that food required for bodily consumption, and that when denied this extra nourishment by a too easily digested dietary on the part of the patient they refuse to work, peristalsis becomes sluggish and constipation results. So that, according to their theory, constipation is largely due to a too refined dietary and what our constipated patients need, or what we all need in order to avoid constipation, is coarse food which leaves a sufficient amount of undigested residue for the comfort and sustenance of our intestinal bacteria.

The symptoms of constipation other than infrequency or incompleteness of defecation are headache, furred tongue, foul breath, muddy complexion, and a sense of weight in the abdomen. And there is one symptom which sometimes masks a very dangerous constipation, namely, a diarrhœa, which proceeds from the lower bowel while there may be complete occlusion above.

Much of the importance attaching to constipation depends upon the effects which it produces. Mental irritability and melancholia are often associated in such cases. It may set up an actual catarrhal inflammation of the bowel, this inflammation going on to ulceration and occasionaly to perforation. The effects on other abdominal viscera are due more particularly to that constipation which has its origin in the large intestine, and their consideration is out of place here.

Auto-intoxication, as I remarked in the beginning, is a very attractive subject for investigation, but it would not well fit into the limits of this paper. I will close, therefore, with a word as to the general treatment of constipation.

First of all purgatives are seldom indicated. Laxative waters such as Hunyadi, Congress, Carlsbad or salines in small repeated doses are allowable, but in order to effect a cure our chief dependence must be upon dietetic and hygienic measures, together with the use of the homœopathic remedy. The following outline appeals to me as a practical set of instructions to give the ordinary constipated patient:

1. Drink a glass of cool water fifteen minutes before each meal and on retiring.
2. Before rising in the morning knead the abdomen firmly for one minute.
3. Every morning take a sponge bath, including neck, chest, back and abdomen, the water to come direct from the cold water faucet. This bath is to last not longer than five seconds, and is to be followed by a brisk rub with a coarse towel.
4. At some regular hour each day visit the toilet and endeavor to evacuate the bowels, whether there is any desire to do so or not.
5. Include in the diet such fruits as figs, berries, stewed prunes and baked apples, and do not be afraid of eating coarse foods; eat graham bread instead of the ordinary wheat bread. If coffee is desired, take it black.
6. Finally, get some bran, ordinary bran, and, just before retiring, mix a tablespoonful of it into your glass of cool water and drink it down.

Thus endeth the small intestine, so far as this paper is concerned. I feel that you have been given nothing new, but if it has served to refresh our memories, and if it adequately fills the gap between the stomach and the colon, perhaps I could scarcely ask to do more.

THE STOMACH AS A FACTOR IN INDIGESTION.

BY G. H. WRIGHT, M. D., FOREST GLEN, MD.

[Read before the May meeting of the Washington Homœopathic Medical Society.]

This organ, one of a numerous group that has to do with the process of digestion, is the one most often referred to by patients applying to physicians for relief from digestive disturbances. It being the organ that normally first receives all the food and drink introduced into the body, by necessity has to be strongly built, inured to extremes of heat and cold, have good elastic properties; in fact, be prepared to receive the hard knocks resulting from both natural and unnatural use.

The stomach, as you all know, is one of, if not the most important organ of the digestive group. While it does not prepare the food taken in for immediate assimilation, the action of its juices on food is very necessary for the intestines to complete the process of digestion. Consequently any derangement of the functions of the stomach will soon involve the rest of the digestive tract.

Briefly, the stomach is normally situated in the left hypochrondiac, epigastric and partly in the right hypochondriac regions. Its size varies in different individuals. When moderately distended its transverse diameter is about twelve inches, its vertical about four. In structure it consists of four coats, a serous, a muscular, a cellular and a mucous. What especially distinguishes it from the intestines is the presence of glands which secrete gastric juice. The distinguishing feature of this juice is free H. Cl. in the proportion of about two to three to 1000 parts. To make the gastric ferment pepsin active, the presence of this acid is necessary. In fact, both acid and pepsin must be present, to make the gastric juice active. The absence of either renders the gastric juice inert for digestive purposes. Normally, the gastric juice is only secreted when food is introduced into the stomach. When the stomach is at rest its contents, mostly mucus, give an alkaline reaction. The nerve supply is derived from the right and left pneumo-gastrics and numerous branches of the sympathetic. The blood supply is very generous, being derived from the hepatic and splenic arteries. The lymphatics are numerous.

This rough and brief description is merely to refresh your memories.

In discussing the subject given me, "The Stomach as a Factor in Indigestion," I will omit the grave organic diseases, such as cancer, ulcer, tubercular and phlegmonous inflammation, etc., and confine myself to the functional disorders daily presenting themselves to the general practitioner.

The stomach is prone to acute and chronic inflammations of the mucous membranes, as well as all the organs lined with this tissue. Acute gastritis or acute dyspepsia is quite common. It is usually brought on by errors in diet, over-indulgence in alcoholic drinks, ingestion of food beginning to undergo fermentation or decomposition, frequently the case in children, especially in summer.

Disturbances of the emotional centres, as fear, grief or anger, resulting in the suppression of the normal flow of gastric juice, or depression of mind or exhaustion of body, may precipitate an attack. Some individuals seem to inherit what might be called a "weak stomach," others a "strong stomach." You are all familiar with the symptoms. In mild cases an uncomfortable feeling in the gastric region, headache, depression, nausea and often vomiting, which usually relieves. In children especially, diarrhœa frequently follows. In severe cases the symptoms are intensified, violent pain and vomiting, frequently ushered in by a rigor followed by rise of temperature, 102°-103°. The attack lasts two or more days, with a gradual return to a normal condition. So-called gastric fever is, in this country at least, considered by many as mild typhoid. Acute gastritis is often so like the initial symptoms of infectious fevers that the lapse of a few days is often necessary to determine the diagnosis. Chronic gastritis, chronic gastric catarrh and chronic dyspepsia are synonymous for a condition of disturbed digestion, associated with increased mucous formation, quantitative and qualitative changes in the gastric juice enfeeblement of the muscular coats, so that food is retained for an abnormal period, and in long-standing cases alterations in the mucosa.

Chronic gastritis may result from repeated attacks of the acute form. However, the two most fruitful causes are dietetic and constitutional.

1st. Dietetic, unsuitable and imperfectly cooked food. The New England pie and the Southern hot bread are responsible for many cases. Excess of tea, coffee, alcohol, tobacco, irregular hours of eating, too rapid eating with imperfect mastication, are common causes in this country.

2d. Constitutional. The forerunner, accompaniment or result of constitutional diseases, as cancer, gout, diabetes, Bright's, etc.

The final results of chronic gastritis unchecked are functional changes in the glands, muscles and vessels, or a sclerotic condition involving a complete atrophy of the glandular structure, and a thickening or thinning of the gastric walls. Dilatation is another result apt to follow in those individuals who habitually overload their stomachs by excesses in eating and drinking.

Chronic gastritis covers broadly a large group of symptoms, ranging from simple indigestion, a mere consciousness of a stomach, through pyrosis or sour belching, regurgitation, flatulency, local pain, nausea and vomiting, to the numerous reflexes, as headache, eye-pains, cardiac disturbances, mental depression, etc.

Unchecked chronic dyspepsia results in malnutrition with consequent loss of weight, defective secretion and elimination. There is a large class of gastric disorders that must be considered as functional, and are commonly grouped among the gastric neuroses. Certain affections classed with the neuroses, such as hyperacidity and inacidity, stand on the border line between functional and organic diseases of the .stomach. These neuroses seem to depend on a strong neurotic taint, and seem to have their origin as a part of a general or local pronounced neurasthenic state. The neuroses of the stomach can be conveniently classed as sensory, secretory and motor.

Of the sensory neuroses, hyperæsthesia, anæsthesia, gastralgia, bulimia and anorexia are the most common, and these names, familiar to you all, will suggest the symptoms present in each nuerosis

Of the secretory group, superacidity or an increase in the percentage of the secreted H. Cl. and of the ferments of the gastric juice is one; subacidity, an opposite condition to that just described, is another, and again, we have anacidity or complete absence of the gastric secretory function. This last, while it may be purely a neurosis and curable, still it is more often due to an organic change, an atrophy of the secretory glands.

Of the motor neuroses hypermotility or peristaltic unrest. Amotility, its opposite. Rumination or chewing the cud like ruminants. Pneumatosis, or great distention by air, and nervous vomiting which is periodical and does not result in proportional loss of weight, are the most common of this group.

In these neuroses the sympathetic nervous system is at fault, either primarily or secondarily.

Primarily, usually from an inherited neurotic taint.

Secondarily, from reflex action due to irritation of some of its terminals.

The sympathetic nervous system is a creature of habit. It wants to be good and wants to continue the good habits it was created for, and does so, as long as is possible, but continual irritation and nagging will at last spoil its temper and rhythm, its greatest characteristic becomes arhythm or inharmony.

Irritations at the outlets or organs connected with the outlets of the body transmit their impulses to the solar plexus or abdominal brain, which again conveys a return impulse along lines of least resistance. And if the stomach is vulnerable, it will bear the brunt of that impulse. The result is one or more of the numerous gastric neuroses. Irritation or diseases of the generative or rectal tracts, the throat, nasal passages or eye-strain may cause a gastric disturbance which overshadows the real cause. So in all neuroses of the stomach the wide-awake physician must look in all directions, no matter how remote or unlikely, for the possible cause, and diligent search will usually detect it. It goes, then, without saying, remove the cause, and then our dietetic, hygienic, gymnastic, climatic, moral or therapeutic treatment will likely complete the cure.

TUBERCULAR MENINGITIS.

BY C. LANING, M. D., MORRISON, ILL.

Definition.

Tubercular meningitis is an acute inflammation of the pia mater of the brain, caused by a deposit of miliary granules, and characterized by an effusion of pus and lymph.

The meningeal variety of tuberculosis is not an independent disease, but in nearly every case the most important phase of that protean malady, acute miliary tuberculosis.

Dr. Robert Whytt, of Edinburgh Drs. Guersant, Papavoine and Gerhard, and Bricheteau, of Philadelphia, have contributed much to enlighten us on this subject. The name of tubercular meningitis, which has won its way to a general acceptance, was suggested by Bricheteau.

The cerebral symptoms being so prominent the general character of the disease may not be appreciated. It is sometimes denominated acute hydrocephalus, or on account of involvement of the membranes at the base of the brain, basilar meningitis.

Morbid Anatomy.

The deposits of miliary tubercles is in the perivascular lymph spaces, where they appear as grayish-white granules near the vessels, sometimes compressing and even occluding them.

In children that portion of the pia mater which covers the base of the cerebrum is alone affected, while in adults the membrane covering the convexity of the brain, the longitudinal fissures and the cerebellum may be involved. Landon Carter Gray says: "The favorite nesting place of the affection is that portion of the pia mater which extends over the olfactory, the optic and the third nerve as well as the crura cerebri." The tubercles may be so few it is difficult to find them, or the pia may be studded with them. They appear as minute translucent granules. Some may have undergone caseation, and sometimes they are united in a mass of considerable size.

A general miliary tuberculosis is discovered in most autopsies. In young patients the bronchial glands and the peritoneum present extensive infection, and in adolescents and adults the lungs.

Etiology.

It is a questiton whether a primary tuberculosis of the cerebral meninges ever occurs, although in unexplained cases it has been suggested that bacilli may have reached the brain through the cribriform plate of the ethmoid bone.

Heredity is strongly pronounced. The causes of tubercular meningitis are those common to all scrofulous affections. Foremost among the predisposing causes is the hereditary diathesis. It is largely a disease of childhood, from the ages of two to seven.

If it occurs in adults, men are chiefly affected. Children of the poor, who are badly nourished, and physically undeveloped children of consumptive and scrofulous parents are the most susceptible. Sometimes the apparently rugged and robust are attacked. It may arise from the foci of caseous degeneration in a remote gland or viscus, a suppurating joint or scrofulous inflammation of bone. Seitz found such to be the case in more than ninety-three per cent. of the cases tabulated by him.

It may develop during convalescence from one of the infectious diseases of childhood, especially scarlet fever and measles. Impure air, unwholesome food, exposure, bad drainage may excite a latent tendency thereto. It may follow a blow or injury to the head, exposure to the sun, or overwork. Excessive study and worry in the predisposed may promote the disease. And these children, as a rule, are precocious and ambitious to excel in their studies.

Symptoms.

In almost all the cases of tubercular meningitis the onset is gradual. Prodromes may be marked and protracted, or, on the other hand, almost absent. The inflammation may appear suddenly and be intense, or it may come on gradually and assume the chronic form.

In twenty-six cases collected by Dr. Gee there were only two in which prodroma were absent. It has been suggested that probably during this prodromic stage the miliary tubercles are being deposited in the pia mater before serious structural changes have taken place. In some cases there may be failing health in connection with existing tuberculosis.

Authors recognize several stages of the disease, which, however, may or may not be distinctly defined but merged gradually one into the other.

Usually the symptoms are those of general indisposition, fretfulness, not given to play, poor appetite, loss of sleep and progressive emaciation of body and limbs. The mental condition is evidenced by a state of apathy and indifference. There may be a slight cough. There is always more or less hyperæsthesia of the senses and a slight headache.

These premonitory symptoms may continue for two or three weeks.

For convenience we will divide the further course of the disease into three stages, the stages of irritation, depression and paralysis.

1st. Stage of irritation. This stage sets in with severe headache, fever and vomiting, or with a convulsion. With the fever there is irregularity of respiration and pulse. Vomiting is the most constant, but not preceded with nausea. The vomiting effort is slight. It is not uncommon for this latter symptom to continue throughout the course of the disease, although it often ceases after the first few days. Intermissions are common, and, if they cease for a few days, rarely return.

There is acceleration of the respiration and pulse at first, but in acute cases they present the characteristic slowness and irregularity.

The headache is usually fontal, somewhat paroxysmal and intense. The child will often put its hand to the head when coughing and utter a sharp, short, piercing cry—the hydrocephalic cry —as though hurt. The patient might compress the head and bore it back into the pillow.

The temperature does not present much variation, which reaches 102° to 103°. It is usually highest in the evening. Some cases may run the course with a subnormal temperature. Vomiting is projectile, without nausea, and bearing no relation to eating. Tongue is dry and coated, red at the tip and on the edges. Pupils are usually contracted at this stage. There may be mild delirium. Questions are not answered readily, yet intelligently. Face is flushed and has a look of anxiety. The child seems drowsy, does not want to be disturbed, and easily annoyed. Sleep is disturbed in some cases by the hydrocephalic cry and grinding of the teeth.

On account of the cerebral irritation there is muscular rigidity of the abdominal and of the spinal muscles, clenching of the hands, muscular tremors and twitchings, strabismus and ptosis.

2d. Stage of depression. After seven to ten days this stage sets in, caused by the effusion at the base of the brain and into the ventricles. The transition to unconsciousness, which is the most important symptom of pressure, may be rapid, but is not usually so. Vomiting has ceased. The symptoms may vary from stupor to restlessness, crying out occasionally, showing that there is still severe pain in the head.

The bowels are constipated, and the contracted abdominal walls cause a deeply concave or "boat-shaped" abdomen. Sometimes there is opisthotonos. The muscles of the posterior part of neck are rigid and contracted and head drawn back. The pupils vary in size, usually in this stage dilated, and scarcely respond to light in connection with optic neuritis.

The tongue is brown, and mouth, lips and tongue are covered with crusts.

The fæcal discharges are slimy and offensive. Urine scanty, high colored and slightly albuminous, rich in chlorides and phosphates. There are small areas of congestion presenting a blotchy appearance or erythema on abdomen and chest.

General muscular excitement may be present, and general convulsions are not infrequent. We come now to the third stage.

3d. The stage of paralysis. This is marked by an aggravation of symptoms, a rapid rise in temperature, rapid, feeble, intermittent pulse, with profound coma gradually approaching. There may be convulsions, which are general or partial; the muscles of the neck, back and jaw being contracted, followed by permanent paralysis of some parts of the body. This may assume the form of a hemiplegia when there is involvement of the cortical branches of the middle cerebral artery, or softening of the internal capsule, or there may be monoplegia, usually of the face.

The pupils are dilated and the eyeballs roll so that the whites of the eyes show excessively.

It is not rare for typhoid symptoms to intervene; constipation gives place to diarrhœa and distended abdomen. Contents of bladder and bowels usually pass involuntarily.

Toward the close the pulse becomes more thready, the temperature, which may have reached 105° or more, during this stage, drops to 93° or 94° (occasionally there is an antemortum rise to 108° to 110°).

Death occurs from asphyxia, convulsions or heart failure.

The usual duration of the disease is from one to three weeks after the appearance of cerebral symptoms. The course is rapid when meningitis is a complication of general tuberculosis, and when in adults, the convexity of the brain is affected.

The diagnosis must be made from the totality of the symptoms, but the persistent pain in the head, vomiting without nausea the constipation and shape of the abdomen in the second stage, and stiffness and retraction of the neck, will enable us to arrive at almost an accurate decision.

The prognosis is nearly always fatal.

Paedology.

HÆMORRHAGES OF INFANCY.

BY LINCOLN PHILLIPS, M. D., PROFESSOR OF PÆDIATRICS, PULTE MEDICAL COLLEGE, CINCINNATI, O.

When we take into consideration the fact that with the first gasp for the breath of life the circulation and its apparatus begins to undergo a striking change as to course, mechanical arrangement and character of blood in different parts, coupled with the delicate vessels and tissues, the cause of the frequent infantile hæmorrhagic conditions are quite apparent, and especially so when the inherited taints of syphilis and tuberculosis are borne in mind. Contrary to the prevailing idea hæmorrhage of early life is not indicative of hæmophilia or a "bleeder," as that condition does not manifest itself until toward the end of the second year. The import of hæmorrhages incident to mechanical causes at time of birth depends upon the location and to a degree the extent.

If within the cranium the life of the infant is placed in jeopardy, and its later life marred by paralysis, deformity or even idiocy. The external are of but little consequence, and are noted for their locations and comparative rarity. The ones oftenest seen are cephalhæmatoma and hæmatoma of sterno-mastoid.

The cephalhæmatomas I have seen but three times. Two of the cases were born of the same mother. The third case was difficult to diagnose from a meningocele. Its position being over the posterior fontanelle and its border; where the periosteum was stripped up gave it the feel of the edge of an open fontanelle. An aspirating needle brought dark blood, establishing a positive diagnosis. This condition is due to hæmorrhage beneath the periosteum; comes on some days after birth, and is not to be confounded with caput succedanum or infiltrated scalp due to pressure of a tedious labor.

Hæmatoma of sterno-mastoid I have seen but once. It comes on some time soon after birth, is situated in the middle of the belly of the sterno-mastoid muscle, and is about the size of a pigeon's egg, disappearing spontaneously in a variable period of time.

Spontaneous hæmorrhage occurs in the first ten or twelve days of life, and is now being called the "hæmorrhagic disease of infancy," and many authors are inclined to attribute it to an infection and claim to have discovered the bacillus. The bleeding may come from almost any tissue or organ of the body; even coming from the eyelids. The umbilicus is the most frequent source. Where the loss is great death may occur in the first twelve hours. The condition rarely continues for more than a few days. Where the hæmorrhage is concealed in some of the internal organs diagnosis, ante-mortem, is often difficult. The symptoms are variable. Temperature, pulse and respiration not characteristic. Loss of weight and strength usually marked.

When recovery takes place the tendency to hæmorrhage no longer exists, for, as I have pointed out, this hæmorrhage of early life is not indicative of a "bleeder." What we diagnose as purpura simplex and hæmorrhagic occur later in life, and have many causes, such as rheumatism, septic and malignant conditions; and yet, as Holt points out, there is no valid reason for supposing the causes are very different from those in spontaneous hæmorrhages.

In the eruptive diseases occurring later hæmorrhages sometimes take place subcutaneously, and the disease is then called black. It means a malignant case.

As to treatment of "the hæmorrhagic disease," locally, many means are employed and often with very indifferent results; the styptics, compresses and cauteries failing entirely, and even though they succeed at one point bleeding may start somewhere else.

Holt says: "Seventy-nine per cent. of the cases die," and that "internal treatment is absolutely useless."

We feel, however, that such remedies as Phosphorus, Arsenic, Lachesis and Arnica should reduce this high mortality rate, and yet we can not back it up with available statistics.

Another condition prevails in the first ten days of life far oftener, I fear, than we realize, viz., sepsis, due to entrance of pyogenic bacteria. It is practically always accompanied by hæmorrhages from many sources, and is an extremely dangerous trouble, the great majority of cases proving fatal.

The sepsis may be located almost anywhere—as the abdominal wall, umbilical veins or arteries, peritoneum, liver, lungs, kidneys, or brain.

The bacteria in the majority of cases find entrance at the umbilicus, either before or after the cord has dropped off, and often there are no local signs about the umbilicus to indicate the serious trouble within. The diagnosis is often difficult, and the nature not revealed until a post-mortem is held. While the symptoms in the main are those of sepsis in the adult, still they are often misleading and even overlooked on account of the tender age and objective nature.

I believe that if the profession in general realized the frequent occurrence of sepsis starting at the umbilicus, greater care would be given to the handling of the cord.

From the nature of the trouble such remedies as Carbolic acid, Arsenic and Lachesis are to be given according to indications. The prognosis is grave.

Then hæmorrhage of the first ten or twelve days of life is due to the hæmorrhagic disease or pyogenic infection, and both are serious conditions.

Surgery.

OBSTRUCTION OF THE BOWEL DUE TO INTUSSUSCEPTION.

BY MAURICE P. HUNT, M. D., COLUMBUS, O.

Intussusception or invagination represents a condition in which one portion of the intestine is telescoped into the lumen of that section immediately adjoining. Usually the invagination is downward toward the anus. In rare cases it is upward, toward the oral orifice of the body.

Intussusception is the most frequent form of bowel obstruction. It generally occurs singly, and no portion of the intestine is exempt from liability to invaginate into itself, or one section into its neighbor. There are three forms of intussusception: (1) Enteric, into which small intestine is invaginated by small intestine; (2) colic, in which large intestine is invaginated by large intestine, and (3) ileo-cæcal, in which small intestines is invagginated by the colon.

Intussusception is most frequent in early childhood, but adults are by no means exempt.

Pathology.—That portion of the intestine which enters is called the head or apex, and that which swallows or receives is the sheath or vagina. The head is always formed by the same part of gut. If the invagination advances, it is at the expense of the sheath, which continually rolls itself over the head or apex. When the mesentery is drawn into the invagination, grave circulatory disturbances, develop by reason of the obliteration of veins and arteries by compression. Hyperæmia, with a flow of serum, immediately follows, and soon hæmorrhage and gangrene.

Symptoms.—Ranged in the order of importance and frequency, the symptoms are: (1) Abdominal pain; (2) nausea and vomiting; (3) tumor; (4) hæmorrhagic evacuations; (5) meteorism; (6) tenesmus.

Abdominal Pain.—This symptom manifests itself suddenly and without premonition. The victim may be exercising moderately, as in walking, or violently, as in running; or he may be at rest, sleeping quietly. The pain is colicky in character and may be continuous or intermittent; usually, in the beginning of the attack, it is one steady, uninterrupted pain, becoming intermittent later on. Its location varies according to the character of the intussusception; it may be at the navel, in the right or left iliac fossa, or in the epigastrium. If located in the right iliac fossa the pain is easily mistaken for that of appendicitis.

Nausea and Vomiting.—This usually sets in with the abdominal pain or very soon follows it. The higher up in the canal the intussusception is located the earlier the symptom will appear. It may be continuous or only at intervals. If the obstruction is low down in the intestine, about the descending colon or sigmoid, the vomiting is almost certain to be preceded by an obstinate and torturing hiccough. The stomach contents, bile, and contents of the duodenum are first thrown off, then the vomiting becomes stercoraceous in character. This latter symptom manifests itself early or late, according to the location of the invagination.

Tumor.—This is a most important sign from a diagnostic standpoint. In most cases the tumor is easily detected. It varies in size from that of a hen's egg to the size of the forearm of an adult. The greater the amount of fæcal matter above the intussusception the larger the tumor will appear. The patient should be examined during a paroxysm of pain, as the tumor may disappear with the relaxation of tissues. The location of the tumor varies according to the section of gut involved. In order of frequency it is found (1) in the region of the sigmoid flexure; (2) projecting from the anus; (3) in the retcum; (4) in the region of the cæcum; (5) in the descending colon; (6) in the transverse colon; (7) in the ascending colon, and (8) hypogastrium. The latter, the rarest location of all. This tumor, when felt through the abdominal wall, is very movable by the hand, or it may, and does of its own accord, change position. A tumor that has been distinctly felt in the ileo-cæcal region may be protruding from the anus in twenty-four hours. A tumor presenting at the anus will show the opening to the ileo-cæcal valve and sometimes the opening to the vermiform appendix. A tumor that is still in the rectum will give the tactile impression to the finger of the cervix uteri.

Evacuations.—The evacuations from the rectum are of great diagnostic value. After all the fæcal contents are removed from the bowel below the invagination, and one or two efforts at stool will produce this result, there is complete suppression of fæces and gas. The invagination closes the canal from above, and no normal intestinal contents can pass, but in its stead there are frequent discharges of blood, serum and mucus. The amount of blood loss is variable. In some cases it is hæmorrhagic in character, and death may occur from this cause alone; it may be slight, merely amounting to streaks of blood mixed with mucus, or, as is most often noticed, a half ounce or so of pure blood followed by a discharge of mucus. Serum and mucus are always present. Later, when gangrene occurs, there is an expulsion of masses of dead tissue, the sequestrum of a cadaverous odor, and this is likely to be followed by a secondary hæmorrhage.

Meteorism.—This symptom depends upon the location of the intussusception. If high up in the canal the distension will appear early, but is not likely to give much trouble. If low down, it appears later, but on account of the location, the distension will be greater and more painful.

Tenesmus.—This also depends upon the location of the trouble. If low down in the gut, or if the invagination extends to, or through the rectum, tenesmus is present, and in its most annoying form. If the invagination is high up, in the small intestine, tenesmus is not likely to be present.

Prognosis.—The prognosis in these cases is always grave. A fatal termination is most frequent. Spontaneous recoveries may and do occur, mainly in adults. As an aid in prognosis these cases are classified into three groups, viz.: (1) The peracute, or intensely acute, in which a fatal termination takes place in the first twenty-four hours; (2) the acute, with a duration of one week; (3) the subacute, running a course of four weeks. The intensely acute form is the rarest, and the spontaneous recoveries are found under number three, the subacute form.

Causes of Death.—Death is due to shock and collapse in the peracute and acute forms. In the subacute it is due to gangrene, septicæmia and peritonitis caused by perforation.

Diagnosis.—The following are the most valuable points upon which to base a diagnosis of this condition in contradistinction to other forms of bowel obstruction: (1) Sudden onset of pain during perfect health; (2) pain may be continuous or intermittent; (3) nausea and vomiting, which becomes stercoraceous in one-eighth of all acute cases; (4) tenesmus. The only other form of obstruction in which this symptom occurs is volvulus of the sigmoid flexus, and even then but rarely. (5) Evacuations from the rectum consisting of blood, serum and mucus; (6) tumor in the abdomen or rectum; (7) suppression of fæcal evacuations and flatus; (8) discharge of gangrenous shreds of tissue.

Treatment.—Attempts may be made to reduce an intussusception by injections of hydrogen of gas, or when this is not available, of air through a bellows. When the invagination is in the large intestine water may be used, with the patient in an inverted position. If the tumor is projecting from the anus, a large pledget of cotton and a pair of dressing forceps may replace the tumor beyond the sigmoid, and with water a complete reposition may be effected. In making use of any of these methods, however, the contractile efforts of muscles should be overcome by either a general anæsthetic or opium. Much time should not be taken in attempting reduction by these methods, for it may be valuable time wasted.

In intussusception the question of surgical interference should come up early. It is never too early to open up the belly in these cases, but, on the contrary, it is often too late. Opening into the peritoneal cavity is not a serious matter unless there be septic condition there. The peritoneum will bear very rough handling, when necessary, but it will not tolerate poison in any form; gases that have been locked up in the intestine for any great length of time are poisonous. A gut that is invaginated becomes gangrenous, and that in itself is a septic condition, and brings about the group of diagnostic symptoms handed down in our textbooks from time immemorial, viz.: "A feeble, rapid pulse, cold extremities, eyes sunken, anxious expression," etc. Why wait for these symptoms? It is comparatively a simple operation to relieve invagination in a gut before it becomes gangrenous, but when this condition is present the conditions differ, and the operation becomes one of "life and death," with chances in favor of the latter. An early operation may be dangerous, but a late one is much more so. [Read before the Hom. Med. Society of Ohio, at Cleveland, May 16-17, 1905.]

SKIN GRAFTING.

BY F. E. WESTFALL, M. D., YPSILANTI, MICH.

Soon after submitting as the subject of this paper a discussion of skin grafting, there came to my notice several articles in the medical periodicals which covered the ground fairly well, and I, therefore, decided to confine myself to that part of the subject relating to the use of frog skin in grafting

When a few years ago the practicability of skin grafting was demonstrated, surgeons adopted it at once as the best, and, in fact, the only method, in many cases, of covering denuded surfaces, and have continued its use with increasing success ever since. But skin grafting has not yet become common practice. It is done by surgeons and in hospitals, but the general practitioner has, as yet, undertaken it in few cases. The practicing physician finds the task too great to undertake. He must prepare for an operation, give an anæsthetic, and promise the patient something in the way of results. If he undertakes the case and the grafts fail to unite he is criticized unfavorably, so he sends his patient where he can have the skilled treatment necessary for ordinary skin grafting.

When, two years ago, at the homœopathic hospital in Ann Arbor, I proposed to use frog skin for grafting, the matter excited no little curiosity, and the outcome of the experiment, as it was called, was anticipated with a great deal of interest. I had read in books of frog skin being used but had never seen it tried. The experiment proved successful in demonstrating that the skin of frogs could be made to grow upon denuded surfaces of the human body, and that the resulting epidermis appeared to be no different in any respect (except in the absence of hairs) from that started from grafts of human skin. Further work along the same line proved successful, so that it now seems fitting that I should present this phase of the subject of skin grafting for your consideration.

First, let us consider the advantage of using frog skin grafts.' By this method skin grafting may be done without pain to the patient, and consequently without anæsthesia. On this account one would feel more at liberty to undertake skin grafting under all conditions. The physician could do it alone or with less experienced assistance than when an anæsthetic is used.

Frog skin can be obtained in almost unlimited amount, while it is often difficult to obtain healthy grafts of human skin in sufficient number and size to cover large surfaces. Less delicacy is required in handling than with human skin. With frog skin the whole thickness of skin is simply lifted up and peeled off in large pieces. It comes off easily, while it takes a skilled hand to shave off the large pieces of epidermis used in the Fiersch method, which is now the most common one where human skin is used.

The grafts are hardy, not more so, perhaps, but as much so, I believe, as any other.

But the greatest advantage in the use of frog skin lies in the fact that any doctor who can obtain a few frogs can, without pain or danger to the patient, do for him as much as can be done by a skilled surgeon. And if his efforts fail the first time he has lost nothing, and feels at liberty to try again.

On this account he feels justified in undertaking cases which otherwise would be impossible.

The process of grafting with frog skin is the same as with human skin. When the surface to be covered comes to be in a healthy state, free from pus and with healthy granulations showing on the surface, the time has arrived to graft.

Preparations are made as for any minor operation. It is best to come as near to a complete aseptic condition, and to have the surface to be grafted in as healthy condition as possible when the grafting is done, but if these conditions cannot be met the operation is still worth doing, and should not be dispensed with on this account. Sterilization as far as possible should be done by heat, as a slight amount of chemical antiseptic may interfere seriously with the union of the grafts.

When bichloride is used on the hands or anywhere in connection with the operation it should be entirely removed by thorough rinsing with sterile water or salt solution before the grafts are touched.

The frogs are prepared by cleansing with soap and water followed by thorough rinsing. Then a sharpened piece of wood is inserted through the foramen magnum into the brain to prevent much of the resistance on the part of the frog. The frogs can be kept from jumping by injecting a slight amount of curare some time before the beginning of the work,

Sterilized normal salt solution, consisting of six parts of common salt to 1000 parts of water, is prepared in considerable quantity. The denuded surface is cleansed with soap and water and carefully rinsed. With a sharp curette the granulations are scraped off slightly, but not enough to produce much bleeding. The blood that collects upon the surface must be sponged away. With a pair of tissue forceps the skin is raised from the throat of the frog, clipped through to the loose connective tissue beneath, and loosened over the whole belly, taking it off in one piece and transferring it to the surface to be covered, right side up. This process is repeated, using the skin on the inner surface of the leg of the frog and on the sides and back or not, according as few or many frogs can be obtained. In the cases I have seen the pigment has disappeared from the grafts after transplanting, and the part covered with the green skin has appeared the same as that covered with white. The pieces of frog skin are cut as large as possible; and made to entirely cover the surface, overlapping at the edges. During the transplanting of the pieces of frog skin the ulcers and the grafts, which have been placed in position, are kept moist with warm normal salt solution. When the surface is all covered strips of thin gutta percha tissue, about ¼ of an inch wide, sterilized by soaking in bichloride solution, followed by thorough rinsing, are placed across the grafts in a lattice work arrangement. This is covered with gauze moistened with normal salt solution, a piece of oiled silk or other protective is placed over all, and a bandage applied firmly but not too much so. This dressing is not entirely removed for four days, but about twice daily the gauze is moistened with sterile normal salt solution to keep the grafts from becoming dry, the protective being raised for this purpose. At the end of four days the entire dressing is removed. The denuded surface looks the same as it did before the operation, the grafts having disappeared entirely. The underlying granulations have protruded up through the layer of frog skin, and covered over its surface. A new dressing similar to the first one is applied, and repeated daily. The proliferating epithelium of the frog skin soon begins to show in spots among the granulations, and spread in all directions until the whole surface is covered. This, in short, is the method of using frog skin in grafting. It is not difficult to perform, while the results are all one can ask.

A patient doesn't care to take an anæsthetic and have himself skinned, with a sore spot on his thigh or arm for a week, and then not have the grafts take. Here is where frog skin comes into use. He takes no anæsthetic; he submits to no operation; he simply has a dressing applied, and the frog takes the anæsthetic and submits to the operation. In cases of ulceration of the skin following burns upon the arms, legs or body, there is a field for the use of skin grafting in general, and of frog skin in particular, which is large enough for all to work in. The use of frog skin for grafts will place skin grafting in the hands of the general practitioner, and he can use it in many cases which he now sends away for treatment or leaves neglected. I am glad of this opportunity to present the subject to you in this light.

MEDICINE AND SURGERY.

BY HARLAN B. DRAKE, M. D., DETROIT, MICH.

When I attended lectures in Philadelphia in 1872, our professor of Materia Medica, one of the pioneer Homœopaths of this country, persistently urged upon us not to use the knife, but to await the action of our selected remedy, for it would certainly open an abscess of any character, with a much more satisfactory result for our patient. Though this was the advice of an extremist, he was an educated man, a kindly man, an enthusiast. We find ourselves hardly ready to censure those early converts to Homœopathy, for being extremists in their zeal for the new methods of treatment, because the methods of the then predominant school were extreme to the utmost. With the development of our school of medicine, our minds have broadened, and few, if any men, are so narrow in their views or so prejudiced towards other methods.

From the revelations coming to us in the study and practice of our Similia Similibus Curantur, we have come to realize the wonderful benefit to our patients from the early use of the knife, and to appreciate more than ever that Materia Medica and surgery should not be separated but work together; that there should be no antagonism between them, and that they should work hand-in-hand to the accomplishment of a complete result.

Because medicine and surgery are so correlated, upon the general practitioner rests a great responsibility from which he dare not shirk, namely, that he, by constant and progressive study, make himself capable of diagnosing pathological conditions early, and further, that he should call the surgeon as soon as he has decided a disease as probably surgical, for procrastination and delay are disastrous. He should not delude himself into the hope that he can accomplish with his medicines what medicine needs the assistance of the knife to accomplish.

At an informal gathering of several prominent men of our school, for a smoker and an informal discussion during the meeting of the American Institute in Cleveland recently, two surgeon specialists declared their knowledge of Materia Medica to be almost nil because they so seldom prescribed remedies, as all cases coming to them were surgical. These are the other extremists. They were asked why they were members of the American Institute and called themselves Homœopathists. A surgeon specialist of San Francisco, whose practice the year previous had yielded him to my certain knowledge seventy-five thousand dollars, and whose reputation as a successful operator (and by successful I mean successful to a cure) is second to none, told those present he ascribed his successful results to the fact that he always prepared his patients for operation by giving the indicated homœopathic remedy, and administered also the indicated remedy during convalescence.

The general practitioner should call the surgeon as soon as he has diagnosed a case of appendicitis. Up to this point upon him has rested the responsibility of diagnosis and the restoration of his patient to health; now he divides the responsibility. Together they must decide if an immediate operation is necessary, or whether it is for the patient's best interest to wait. I am aware physicians and surgeons do not always work harmoniously, but they should. The physician will do himself greater credit and render his patient greater service by working hand-in-hand with the surgeon, and he will convince his clientele he has not only made a correct diagnosis, but has understood the case so well he has recognized the necessity for surgical assistance.

When with fever and abdominal pain, with previous or present menstrual irregularities, examination reveals a fixed uterus, an indurated pelvic exudate, or an abscess cavity joined to the uterus by the ridge of the broad ligament, surgical consultation should be had, for every hour of delay may prove a serious matter to the patient. In fact, whenever we have convinced ourselves of disease of the uterus or any of the uterine appendages, we shall increase our patient's confidence in us by calling surgery to the assistance of medicine.

In constantly recurring uterine hæmorrhage, let us not endanger our patient's life by attempts to check it by homœopathic remedies, but let us call on the surgeon early, together give the patient our best service.

Occasionally we find a surgeon who is inclined to seem to have little respect for the phsyician's opinion, but this seeming should not be, even though the former may feel that upon his decision and action rests the result for success, for surgery needs medicine.

The physician can never free himself from the burden of the necessity of discovering the cause of every symptom for the relief of which he is consulted and the best means for the removal of the cause.

For cancer he must ever be on the alert, for upon him depends the patient's life and suffering. In these days when cancer is attracting so much attention and so much research has been and is being made in all branches of therapeutics for the relief or cure of this disease, it behooves us to be able to recognize it early that we may seek the assistance of the X-ray specialist or surgeon.

When with digestive disturbances, anorexia, nausea, there is a persistent diarrhœa or intractable constipation, and pain coincident with a rise of temperature, a persistent loss of flesh and strength, there is a family history of tuberculosis, or evidence of past or present tubercular lesions elsewhere, an exploratory operation is not only justifiable, but should be made, for the early assistance of the knife may save our patient.

The cure of Bright's disease by Edebohl's operation depends upon its early recognition by the keen, ever watchful physician, and the utilization of this operation in the first stages of the disease. The failures by this method have all occurred in the cases far advanced. Postponed surgery is always hazardous to the patient.

Do I seem to urge surgery for these cases independent of medicine? I do not so mean to do, for surgery is an outgrowth of medicine, and does not tend to grow away from it. "From primitive beginnings, when Ephraim McDowell found surgery limited to fractures, amputations and opening of abscesses, surgical knowledge has become an accurate diagnosis and a finished technique coming from a conviction of the limitations of therapeutics, and thus it is the supplement and complement of medicine."

All obscure intra-abdominal conditions make justifiable an exploratory operation, and thus decide for the physician how far he shall rely alone upon his medicines, and how soon he shall combine the working force of medicine and surgery. An early combination of surgery with medicine is required in ectopic gestation, bowel obstruction, empyema, gall stones and uterine retroflexions. No one brain can comprehend the multitudinous expressions of disease, and the great number of pathological changes of every organ in the body, and so has come to us the specialist, and specialism is without doubt the true method of disease treatment. But as conditions now are, the general practitioner must have a large brain and cultivate it by constant, patient and diversified study.

My paper has not been written for the purpose of instruction but in the hope it may bring out expressions of opinion as to the time when we general practitioners shall call the surgeon to our assistance. It is sometimes said the physician is jealous of the surgeon and so hesitates to call him to his aid. I do not believe this is true. But when such a feeling does exist, it arises from the fact that many of the surgeons in our school do a general practice also. This is not as it should be. There is no disguising the fact that the more successful surgeon is he who gives all of his energy and study to surgical diseases. Every year brings the surgeon new experiences that intelligently put before us, with interchange of views, will make us grow in strength for combat with disease.

Before closing I must tell you of a case that does not seem to illustrate the point I have taken. There is a woman living in Detroit, seventy-five years of age, who some thirty years ago had a large cyst of the left ovary, at least so it was diangosed by three skillful physicians of those days, days when ovariotomy was in its infancy, days before antisepsis or asepsis. She was treated with homœopathic remedies, Apis mellifica being the principal one. The tumor, though quite large, gradually disappeared, and the woman has no sign of it today.

Ophthalmology.

THE CARE OF THE EYES IN CHILDREN.

BY DEAN W. MYERS, M. D., GRAND RAPIDS, MICH.

The care of the eyes in children is a subject which should interest the general practitioner as well as the specialist. Indeed, it is more often that the family doctor is called upon to diagnose and treat these troubles than the specialist. If an injury, pain or headache occur, it is to the trusted family doctor that the patient is hurried. And often a simple procedure on his part, at this time, saves the little one from what might have been a serious trouble had not the unerring eye of the faithful adviser detected the true condition.

Ophthalmia Neonatorum.

From the time the little one first sees the light until it has grown to years of maturity, should the eyes be ever carefully watched and guarded. Whether or not you drop a solution of Silver nitrate into the eyes of every newborn babe, as a routine practice, it is incumbent upon you to thoroughly examine them for any signs of infection, and to regard with suspicion the slightest symptoms of irritation. If the old adage was ever true, it is here, that "an ounce of prevention is worth a pound of cure." With the present generation to deal with, every case of infantile ocular inflammation should be regarded and treated as specific unless the necessary means for disproving the theory are present. On the appearance of the very first signs, frequent irrigations should be begun, using some non-irritating antiseptic solution, as boracic acid, saline, weak bichloride or preferably a solution of one of the new peroxides. (The peroxides have proven themselves powerful germicides without unpleasant effects upon living tissue.) Ice packs constantly applied and silver nitrate, 2 grains to the ounce, every two or three hours, will practically always control the disease. Many preparations of silver are upon the market, but, in my estimation, much of their value is in the price you pay for them, and for good, old-fashioned results I stick to plain Argentum nitricum.

Injuries.

Injuries to the eyes in infancy are rare. In childhood and early youth blows upon the eyes are common. An ordinary blow, as from fist or ball club, seldom injures the eyeball. Treat it as an injury anywhere. In the deeper injuries, such as cuts, scarifications or penetrating wounds, of course, cleanliness and antisepsis are first and foremost in importance. Cold applications for the first twenty-four hours, hot after that, but impress upon the family the fact that poultices are never to be used upon the eye, no matter what the circumstances In penetrating wounds look out for infection, iritis and traumatic cataract.

Strabismus.

What to do for the cross-eyed child is often a problem made so perhaps by the general dislike for operative procedure held by most parents. It becomes a question sometimes for the physician also, especially when we find it developing in infancy or early childhood. Convergent squint will many times be relieved by relaxing the accommodation with some midriatic. Accommodation and convergence being controlled by the same nerve, the oculomotor or 3d cranial, it is easy to understand the straightening of the eyes when the former is relaxed. Consequently any error in refraction should be corrected. This suggests the troublesome question as to how early should a child wear glasses. Recently a child not quite four years old with pronounced convergent squint came under my observation. History: Born with eyes straight, later began to cross at times, and finally, at about one year, became permanently crossed. Vision apparently same in both eyes. Dilatation of pupil had no effect upon the strabismus. With complete midriasis, retinoscopy revealed four diopters hyperopia. The squint having been permanent three years, dilatation of the pupils and correction of the refraction had no effect upon it. Severing both internal recti muscles and the wearing of + 4 D.'s. did correct. Now, would an earlier prescription of glasses, at one year, for instance, have prevented or corrected the trouble? I am not prepared to say that it would not have done so. At any rate, refraction should be made as early as possible and any error corrected.

In School.

Perhaps the child in school is the one requiring most serious thought, for it is here that the real strain comes. Many and many a child has been unjustly censured for inattention and stupidity when it should have been given the greatest kindness and consideration. Helpless little creature! He does not know why he cannot get along as his classmates do. Discouraged and disheartened, he struggles along until scoldings and cuffs transform him into the terror of the school. Another will worry on until a nervous collapse overtakes her, and she is taken from school because she is "not strong enough" to continue. Another complains of headache, is promptly called a shirk, and is told that his lessons must be learned before he can go home. I think I am safe in saying that 95 per cent. of this class of children will be found to be suffering from some eye strain. Much is being done in some of our cities toward the discovery and relief of these conditions. Parents are almost always ignorant of the troubles, and if they do know about them, do not realize the cause. For this reason a plan followed by the school board of Grand Rapids is a step in the right direction. The plan is to furnish every teacher with test cards and instructions for taking the visual acuity. Every pupil is thus examined, and many errors are discovered. The parents are then furnished with a report and advised to have the child's eyes examined. In this way many children who would otherwise suffer greatly from defective vision are discovered and relieved.

Another condition needing study and rectification is the light and blackboard features. Large windows on three sides of the room furnish plenty of light, but the disagreeable reflections and blinding glare that come from this light upon the blackboards placed between the windows and across the one side of the room free from windows is annoying to the pupil and teacher and injurious to the eyes. So far as I know the experiment has not been tried, but I believe that white boards with some dark crayon, as black or dark blue, would solve that problem. We all know that even a lead pencil mark on a white wall can be seen from any part of the room and from any angle. These things should be considered and can be as well put into effect in the country and town schools as in the cities.

Artificial Light.

With the present strife to see who can produce the most powerful and brilliant light (at the least expense to the user, of course), many lamps are being used which furnish a brilliancy most dazzling to the eyes. Parents should be warned about these lights for study purposes for the children. Especially should great care be exercised in the use of electric lights. Children, and the older people also, should not make use freely of these strong lights without some protecting shade for the eyes. Mettey, in the Archives of Ophthalmology, 1, '04, reports some interesting and important experiments upon dogs and rabbits. Without going into detail, the conclusions are that in the eyes exposed to the arc light from fifty to ninety minutes, with frequent interruptions, "the optic nerves showed a breaking down of the myelin into dust line droplets. With short exposure this change reached 6 m.m. back of the papilla, and with the longest exposure nearly to the chiasma." Whether or not these changes were due to light rays or chemical rays could not be determined, but the interposition of a red glass during the exposure resulted in no change.

If electric light has this effect upon the delicate nerve tissue of sight, I doubt not that continued exposure of the retina to the glare of the newer white light gas burners would produce similar effects. At least, you and I do not wish the experiment tried upon our little ones.

A Few Don'ts.

Don't call an infantile ocular discharge a "cold."

Don't poultice an injured eye.

Don't say that a child will outgrow strabismus.

Don't allow a squint to go uncorrected.

Don't fail to have your school board consider the "eye question."

Don't allow a child to study by a bright light without a red shade for the eyes.

Addresses.

THE PHYSICIAN'S PROBLEM.

BY J. D. BUCK, M. D., CINCINNATI, O.

Commencement day is always a subject of interest to many individuals. To the graduating class and their immediate friends it is of special interest, and in a broader, if less directly personal sense, it should be of interest to every community.

The deepest problems of human life, and the most profound problems that affect society, are not only the special field of study of every physician deserving the name, but to the physician, more than to any other class of individuals, is the world indebted in every age for the advancement of knowledge that tends to the betterment and the uplifting of man.

True, the science of medicine, like all other sciences, has groped its way from crude beginnings through ages of ignorance and superstition to the present time.

There is, moreover, the folklore of medicine, the beliefs, traditions and superstitions of the common people, results derived from accident, experiment or observation which have been seized and utilized by the medicine man, who, through the division of labor incident to the principles of diversity of knowledge in human evolution, has shown superior skill or capacity in gathering and utilizing the common knowledge. Whether in incantations and charms, among a primitive or barbarous people, or with "bell, book and candle" with an organized priesthood, disease has been regarded as an evil to be gotten rid of, or as a demon to be expelled.

Side by side with these crude theories regarding disease, and the barbarous and often cruel measures resorted to for its expulsion, has grown the knowledge of the laws of life, and the maintenance of health. The science of man has kept pace with the science of medicine and the laws of life and health.

To-day it is generally recognized that both disease and sin are the result of ignorance, and that the ability to prevent them is the measure of man's knowledge of the laws of life. Even the theory of original sin postulates the beginning of man's evolution.

Some there are who will be quick to deny that knowledge and virtue generally go hand in hand. They will attribute perversity or willful disobedience to law to those who seem inimical to a higher evolution, and who are in constant rebellion to civilized life.

Generations of heredity, unfortunate birth and low beginnings, beside the most unjust and even barbarous economic conditions for which we are all responsible, are often entirely lost sight of. Hence, they who sit in judgment and are quick to condemn thereby show their ignorance of the laws of life and of man's essential being. Religious fanaticism, born of ignorance and superstition, has often been as fierce and destructive to man as the tooth and claw of the animal or the club of the savage. The separation of church and state is to-day recognized as the foundation of civil liberty, and one of the first essentials of human progress. Our legal codes are to-day far in advance of the judgments of the average private individual. Intelligence to discriminate and choose the line of action by the individual and untrammeled freedom to carry out that choice of action is made the basis of individual responsibility.

Aiming at exact and equal justice among men, the framers of our legal codes have secured a larger measure of justice. They have thus discovered the broadest and deepest principle in individual evolution, the "constructive principle" in individual life. In thus framing codes for the government of the masses, and the peace and prosperity of society, they have not lost sight of the principle of freedom and responsibility of the individual.

The cycle and impulse of individual life is the mainspring of all well-ordered society, a wheel within a larger wheel, the one vital and tributary to the other.

The perfection of the individual, and through this, the final perfection of society, and the whole of humanity, is the primary purpose of evolution, else is all evolution a farce and a failure.

Under these conditions, and with the progress already made, the study of medicine has broadened into the study of man. While we have everywhere hospitals for the care of the sick, at public expense, the various departments of government are far more and more constantly in evidence for the prevention of disease and the maintenance of health.

Public hygiene and general sanitation are everywhere in evidence, and cleanliness is far oftener insisted upon nowadays than godliness. The man who a half century ago would have built a church to commemorate his deliverance from shipwreck, would agree with Ben Franklin that it were better to build a lighthouse.

Here in the signs of the times, and in the light of modern science and progress, lies the problem of the physician. His vision is no longer narrowed to the symptoms and ravages of disease, though these constitute the elements of his training and the field of his daily toil and busy rounds. To shorten the run and circumscribe the ravages of disease; to decrease the list of ills; to stamp out the means of contagion, and to extend the list of the healthy, the contended, the long-lived, and the happy, this is the double problem faced by every physician worthy the name.

The study and practice of medicine is no longer a trade like many others, but a calling second to none in civilized society. As such, it is ill-appreciated and underpaid. Few persons either understand or appreciate the opposition of the educated and conscientious physician to all forms of medical pretense and charlatanry.

What other man in the community, or in what profession, habitually makes haste to give his most successful methods and his best results to his professional brethren, instead of concealing them for revenue or exploiting them for profit? How little the esprit de corps of the medical profession is understood or appreciated may be measured by the extent to which patent medicines are patronized, the sole virtue of which consists in the flaunting advertisements, and the harm and vicious effects of which promote disease and shorten life?

Beyond this spirit of emulation and the diffusion of knowledge by which the whole science of medicine has been advanced and built up, the most eminent physicians all over the world devote a very large amount of their time and skill gratuitously to the poor, while as professors and educators of medical students, as a general rule, such work is done gratuitously, and if paid for at all, very inadequately.

As a result of all these conditions, the physician who, by a long life of practice, secures a comfortable competency for old age, is the exception rather than the rule.

Turning now from the workside to the theoretical or philosophical problems in the life of man, we find here also the physician constantly in evidence. True, it is that he can seldom find time for systematic study and careful experiment himself. But the careful and conscientious physician is habitually a close observer. Familiar with every phase of life, and witnessing human nature under every stress and condition, he learns to know man as he is, and his knowledge makes him habitually kind, sympathetic and helpful. Familiar not only with the most advanced theories of disease and its cure, but with the latest discoveries in the science of man; having constantly in mind that perfection of the individual, which is the aim and final goal of human evolution, his ideal is the clearest, the highest and the broadest that can be found. These human infirmities with which he is continually brought face to face, neither disgust nor discourage him as they might another. He has continually in mind, not only the "new heaven and the new earth," but the whole man. How to promote and maintain health is the ideal set constantly before his mind. He has reduced the laws of health to a few simple propositions. He is constantly amazed at the extent to which abuse of the simplest conditions of life and health is carried without disastrous results, and he is equally impressed with the ignorance and the folly of man, on the one hand, and the evident determination of Nature and the Divine Intelligence to preserve man and perpetuate the human race, in spite of man's folly, and in spite of himself. This underlying design is continully in evidence, even where man multiplies abominations, and creates new sources of disease. It might seem strange that the physician who intimately contacts ten diseased individuals to one in reasonable health, should not become discouraged, and should be able to preserve his ideal of the healthy man and the perfect individual. And yet, here lies the standard of all his training, and the goal of all his endeavors. Health means harmony, equilibrium, balance, and hence, power; and this is the ideal held constantly in mind.

Health can be secured and maintained only by *a* knowledge of the nature of man, and the proper use of all his faculties, capacities and powers. This *is* the theorem, the working hypothesis of every true physician. As knowledge of the nature of man advances, and the freedom of the individual from traditional, illegal and unnatural restraints is made more and more secure, individual responsibility is made more clear.

We thus arrive at a clear conception of the constructive principle in individual life and human evolution. Ignorance, irresponsibility and slavery go hand in hand. Creeds, dogmas, conventionalities are the handmaids of Ignorance, Superstition and Fear, by which the masses have been held in bondage in every step. Everywhere, and at all times, the ignorant obey the law through fear; the wise keep the law through knowledge. Freedom in advance of Knowledge means anarchy. Knowledge in advance of Freedom means Revolution. When Knowledge goes hand in hand with Freedom man's higher evolution results.

Our present phenomenal economic conditions present no new problem not familiar to the student of all the civilizations of the past. The rapid increase of wealth, without proportionate knowledge of its power and beneficent uses and opportunity, means neither real prosperity or continued civilization. It means Revolution rather than Evolution. A boasted race of Freedom with a spread eagle screaming in the heavens cannot be reduced to serfdom by the aristocracy of wealth.

There is no greater folly than to imagine that any man or any class of men can long thrive by subjugating and exploiting the many, unless the many are securely bound by the fetters of ignorance, superstition and fear. To encourage education, to promote learning, and to boast of universal freedom, and at the same time to enslave the masses by an aristocracy of wealth and a monopoly of the resources of nature, is simply to invite destruction. It is like building a powder mine under our civilization and trusting to chance for some anarchist or some patriot to discover the fuse. But that is precisely what we are doing to-day.

The whole science of Anthropology, that is, the Science of Man, and the sciences that cluster around the personality of man, runs on two lines coincidently. What the individual tissue cell is to the corporate body of man, that individual man is to Society. No individual is or ever can be altogether independent. All individuals are interdependent. Their relations, resources, responsibilities, duties, opportunities and prosperity and happiness, are mutual. The man who fails through ignorance to recognize this basic law of all life, and the man who through pride of wealth and power attempts to ignore or override it, is equally planning his own defeat, and unconsciously but surely contributing to his own destruction.

There is a Science of Morals as exact as mathematics, and as arbitrary as the law of Gravitation. It lies at the foundation of man's being. Man may disregard it and pay the penalty, but he can never annul nor avoid it.

Slowly and painfully, with straining eyes and bleeding feet, man has been for ages climbing the mountain of Knowledge, seeking transfiguration of darkness into light; of ignorance into knowledge; of weakness into power; of bondage into freedom.

Failing to find the line of least resistance, mining at his feet for gold, and greedily seeking special privileges, he has brought down upon his head in the moment of proudest triumph, the avalanche of wrath from the snow-capped summits, where dwell forever repose and Justice or equilibrium. Whosoever shall with knowledge, power and justice fall upon this stone, it shall be broken; but upon whomsoever this stone shall fall, it shall grind him to powder.

These are the problems that interest and secure the attention of every intelligent physician; the faculties, capacities, and powers of the individual, and the laws that underly his nature and determine his evolution. These are inseparable from the well-being of society, and the evolution of humanity. True it is, that no one man can compass the whole in a lifetime, but his theorem takes cognizance of the whole. Just as he regards the health of the body, as a whole, in studying a single symptom of disease, or a local pathological lesion, so does he bear continually in mind the well-being of society in his study and the treatment of the individual. In all contagious diseases the individual is isolated for the protection of the community. Even our moral lepers are largely under police surveillance instead of infesting the gates of the city, while hospitals and sanitariums crowd the high places, where the physician, more than any other individual, is in constant evidence.

But how stands the problem with regard to the physician himself? His duties are many, and his burdens often severe, yet are they more than compensated by his opportunities for knowledge and beneficient service of man. The measure of power in man is determined of his resources within his own nature. The physician must learn to do the right thing at the right time and place and in the right way, and to do it quickly and unhesitatingly. This means, resources, knowledge within his grasp, serenity of mind, self-control, and a full sense of Individual Responsibility. A life is in danger and often seemingly hangs upon a thread. Prompt and efficient action restores it to the highway to health. This is a frequent experience in the life of every busy physician, and though he often fails in his best endeavors, he likewise often succeeds, and his own satisfaction is the true measure of his reward rather than the fees or gratitude of his patient.

Recurring once more to our theorem, the Constructive Power in Individual Evolution, there is no calling, no field of knowledge, or opportunity equal to that of the true physician for promoting the real knowledge of self. In devoting his time, study and knowledge to the welfare of others, the physician secures his own best advantage.

Looked at in this way, the physician's calling is the noblest among men, and the Problem of the Physician is the highest good to the individual, and the evolution of the whole human race.

Correspondence.

Letter From Florida.

Tampa, May 30, 1904.

Editor Medical Century:

Having been called to Cuba professionally, I left my temporary hospital home in Western Maryland on Friday last, expecting to go directly through on a hurry trip, but fate decided otherwise, and I am only now about to sail from Port Tampa on the steamer Miama, via Key West, to Havana. A minor accident to our engine delayed our train just long enough for it to be blocked later by a freight wreck on a bridge in South Carolina, this holding it out for twelve hours, rendering impossible connections for the Sunday night steamer from this point, a fortunate circumstance in a way, since it gave me Sunday with Dr. Orme at Atlanta, and yesterday with Dr. Stout at Jacksonville. To-day has been spent in this city, including a very pleasant hour with Dr. W. C. Richardson, formerly of St. Louis, but now a resident of Tampa.

My trip thus far has been one of observation, and not for many a year have I been so strongly impressed with the advantages the South is offering to Homœopathy. The improvement, in general, in both agricultural and industrial conditions in North Carolina and South Carolina since I last passed through those States is little short of marvellous. Throughout all of North Carolina on the Southern Railway there have sprung up and have been established almost innumerable factories chiefly engaged in the manufacture of furniture, while her sister State has forged forward from one of the most unprogressive and impoverished of the Southern Commonwealths to the first place among the manufacturing States of the American Union. All along our route there have been built splendid new manufacturing cities, which cannot help offering very attractive fields for competent young homœopathic doctors. Exacting, indeed, is the youngster who would fail to find a good location in one of these new points on the Southern railroad in the Carolinas, or in some one of the old cities, now rejuvenated and partaking of an almost unparalleled new growth and prosperity.

When our train ran up against the freight wreck, which so delayed it, six of us hired a team and drove across the country fifteen miles, from Central to Seneca, two small towns in South Carolina, one of 1,200, the other of 2,500 inhabitants, and we found the cross country beautiful, well cultivated and most prosperous. New paint everywhere; fine horses and cattle on the farms and in the town; new ground being broken and planted; excellent care being taken of the patches, gardens and farms; more attention given to small crops and less to corn and cotton; children better clad and fed; the negroes showing more education and gentility; less of the "poor white trash" and general dilapidation of a dozen to twenty years ago; in fact, a general all around improvement and progress which betokens opportunity.

I went over the Southern railway in company with Dr. Orme in 1892, en route to the Washington meeting of the American Institute of Homœopathy, and not one inviting field for a young Homœopath did I see. Now I unhesitatingly advise our young men to seek these attractive fields and grow up with them, instead of further crowding Northern fields, already being sufficiently worked, or of hanging on by the teeth through a long starvation period in one of the larger cities. Go out in the mission field of the New South. Have the courage of your convictions. Be a Homœopath in fact as well as in name. Show the people what our better therapeutics will do for them, and, my word for it, you will soon be an essential part of your community, will be respected, patronized and successful. I regret that I cannot particularize, but this is not wisely possible from only a passing view. The cities and towns are there and a personal inspection is required to make a satisfactory selection.

What has been written of the Carolinas is true also of Georgia and Florida. Both have many good towns of from 2,000 to 10,000 people without a Homœopath. Dr. Orme has long had a splendid practice in Atlanta, and Drs. Paine, Lawshe, Hinman and Morse are also well established. There is a woman physician, whose name I do not recall, who succeeded Dr. Hicks, and one or two of our sex beside those named. Atlanta has above 100,000 inhabitants, and is a splendid city. Savannah and Augusta each has two or three Homœopaths, while Columbus and Macon, and perhaps a few other points, have one each. Georgia is very prosperous and progressive, and has many a good town that ought to have a homœopathic doctor or two. We have our own medical board in that State, and only a fair and just examination is required. But the best people of the South are particular, and to succeed the newcomer needs to be a man of education, qualification and culture.

His friends in the profession will all be glad to know that good Dr. Orme, one of the most admirable characters and lovable members of our school, is bearing his seventy-two summers with comfort, is most satisfactorily and pleasantly homed, and is quite able to keep actively at his daily duties. He is respected and beloved by his whole city, not excepting all the better element in the opposing profession.

From Atlanta to Jacksonville is a night's ride. There we have two good representatives in Dr. H. R. Stout and Dr. C. W. Johnson. Both were formerly of Illinois, Dr. Stout, of Chicago; Dr. Johnson, of Alton. These gentlemen live within a block of each other, in the very heart of the city; work together in peace and harmony, and are possessed of that spirit which has caused them to put the word "Homœopathist" on their doorplates, as did all our pioneers. Each has a good home, each a good practice. Each is a watchman on the rampart and a brave defender of Homœopathy when it is attacked. Each is on our examining board for Florida, and both are on the consulting staff of St. Luke's Hospital. Both suffered destruction of their homes in the great fire of 1901, but have rebuilt, and are now in the heart of a residence section which is unsurpassed in any city of like size for beautiful public buildings, stately churches and hotels, and exquisite clubs and homes. The New Jacksonville is one of the most delightfully appointed cities of this country.

Dr. and Mrs. Stout, to whom, as with Dr. and Mrs. Orme, I am indebted for the most cordial hospitality, expect to spend a month in Chicago this summer, visiting the American Institute while there, and Dr. Stout will take real pleasure in pointing out and describing a dozen good locations in this State. He wants good men and women to come in, and will do all in his power to show them the road to success.

Tampa is a widely scattered but good business city of nearly 40,000—so claimed. There are a good many Cubans, of whom 15,000 are registered cigar makers. There are some negroes also, but not in proportion to the older Southern cities. The city seems to be prosperous and growing, but is not near as attractive as Jacksonville.

Tampa has three Homœopaths in active practice—Dr. Stafford, Dr. Larned, and Mrs. Dr. Bovee. The latter's husband is also a physician, but is now in a government position, and is not practicing. Then, there is Dr. Richardson, who is just completing a most palatial residence on a beautiful ten acres of ground on the Boulevard fronting Tampa Bay. He is not engaged in regular practice, but meets his colleagues in consultation, and may later be pushed more actively into the harness. A trip to Europe this summer is at present occupying his mind, and his hands are full of work connected with the finishing touches of his most elegant home. Quantum sufficit!

If I don't round a period here I'll miss my boat.

C. E. Fisher.

Societies.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The Sixty-first Annual Meeting of the American Institute of Homœopathy convened in the Music Hall adjoining the Auditorium Hotel, Chicago, at four P. M., Monday, June 26th. President George Royal, of Des Moines, Ia., in the chair.

The opening session disposed of a brief preliminary address by the President; the appointment of a committee on the President's Address consisting of Drs. R. S. Copeland, of Ann Arbor; A. P. Hanchett, of Council Bluffs, and C. E. Tennant, of Denver; the adoption of the order of business and the reports of various committees, including that of the Board of Censors, who presented 152 names for new members.

The report of the Executive Committee inviting the O., O. and L. Society to become affiliated with the Institute was adopted in part, and the whole matter laid on the table to be brought up again on Wednesday morning.

Dr. Custis, of Washington, presented a preliminary report of the Institute for Drug Proving.

The Evening Exercises.

The formal opening exercises were held in the same building in the evening, and consisted of a short musical program and address of welcome by Howard F. Taylor, the Prosecuting Attorney of Chicago, representing Mayor Dunne, in which the Institute was heartily welcomed to the Gibraltar of Homœopathy or Chicago, the speaker being of a homœopathic family himself, both his father and mother being homœopathic physicians. The address of welcome was responded to briefly by President Royal, who, after another musical selection, delivered

The President's Address.

President Royal said in part:

Our Mission.

Hahnemann left us three well-defined tasks to complete:

First, To so reduce the size of the dose of every prescription as to remove not only all danger to life but also all deleterious effects to health from its administration.

Second, To administer drugs to healthy human beings for the purpose of ascertaining their actions upon them.

Third, That all, whether specialists or general practitioners, should accept, teach and make use of the law of similia. In other words, Hahnemann left us the mission of securing the universal recognition of that law which necessitates the proving of drugs, prescribing upon the totality of symptoms and using the minimum dose.

Our Mission Still Unfulfilled.

In only one of these three tasks has there been any attempt made by the medical profession to meet the requirements.

Our demand for a simpler and safer prescription has been fairly well met. But the dominant school has made no attempt to prove drugs upon the healthy, or to prescribe according to the law of similia.

In none of their colleges, hospitals, or sanatoria have they ever taught "drug provings" by anyone experienced in the work as they have taught chemistry by an experienced chemist.

The Degree of Our Success.

We have colleges in every section of our country and in other countries. We have hospitals and sanatoria in every quarter of the globe. Our physicians are members of city, county and State boards of health. We have officials in county and State institutions. We have teachers in the medical colleges of our State universities. During the first half century of our existence our most noted and successful men spent all their time and energies in proving drugs and teaching therapeutics. As a result we were charged of being men of "one idea." During the last quarter of the centry the members of our school have so studied and mastered the vast field of medicine that to-day our surgeons, oculists, aurists, electricians, etc., etc., are the peers of any. And yet we should not rest satisfied with being the equal of any. The surgeon, gynæcologist or oculist who is familiar with and believes in the efficacy of Hepar, Silica, Lachesis, Ruta, and Causticum, other things being equal, ought to be more successful than one who does not believe in or is unfamiliar with the action of these remedies.

What Is Still Necessary to Complete Our Task.

I stated a year ago at Niagara that our three great needs were:

a) The need of teaching, in our medical colleges, such vigorous, attractive, sustaining Homœopathy as shall greatly increase the number of our graduates.

b) The need of a scientifically reproven Materia Medica, which shall assist in so equipping these homœopathic graduates as shall enable them to become successful homœopathic physicians.

c) The need of such an organization as shall attract, interest and retain these successful homœopathic physicians as active members in this the oldest national medical society in America.

The statement of these needs and the asking for a promise to help supply them seemed to strike a responsive chord in your hearts a year ago, and I feel sure that I would meet with no response from this audience did I intimate that the possibilities of our future were anything less than the acceptation of the law of similia by the entire medical world.

I believe we have a right to expect that much. Steps have already been taken to give us a scientifically reproven Materia Medica. Your Board of Trustees on Drug Provings has the work, which will meet this second need, well under way. The first and third still demand our thought and action.

The Kind of Teaching Our Colleges Need.

The foundation of our structure was laid on Materia Medica and therapeutics. The men who were the leaders, whose names are conspicuously above all others during the first fifty years of our history, did nothing but prove drugs and talk Materia Medica.

To make our curricula attractive to those who will help to fulfill the mission left us by Hahnemann, the chair of Materia Medica must be made the center and all others must assist in making its teachings successful. Most of the instruction of the chair of Materia Medica must be didactic.

The students now look and will continue to look upon the clinics of this chair and the clinics of all the other chairs as the laboratory instruction. This age recognizes the advantage of laboratory instruction.

Every professor, every instructor in our colleges should not only be familiar with the drugs used in his specialty, but he should have a large, abounding faith in their efficacy; he should firmly believe and cheerfuly teach at every opportunity that he is a better surgeon or a better obstetrician because he is a Homœopathist.

Curricula Needs Remodeling.

We are making a mistake in trying to make "all round" specialists of every one of our graduates. What sense is there in spending weeks, months and even years in teaching a student the technique of all the delicate operations to be performed on the eyes or ears, to a student who has neither the taste, ability or desire to ever perform such operations?

If we follow our present tendencies the gentlemen from East Aurora will be able to say: Your colleges are turning out skilled ophthalmologists, skilled rhinologists, skilled laryngologists, etc., etc., in large numbers, but not a single skilled physician do they graduate.

We need two thoroughly equipped, well-manned post-graduate colleges in which our graduates who desire to become specialists may be trained.

Two such schools would relieve our colleges of a great deal of work which is done for the benefit of the few and permit them to devote the time thus saved to the advantage of the many.

A More Practical Organization.

To secure this the following are essential:

First, The president of every affiliated society should be a member of our Executive Committee.

Second, The secretary of every State and inter-State society should be considered an assistant to our general secretary.

Third, Our secretary's office should be considered a sort of clearing house to which every member of the society could feel at liberty to send anything, and from which any member could feel at liberty to take out any thing which may advance the common cause.

Fourth, To secure a general and satisfactory distribution of scientific and legal news and information especially for the purpose of getting the reports of the Trustees of Drug Provings into the hands of all our members an official journal is an absolute necessity.

tember, as may be determined by the joint committee of the Congress and the Executive Committee of the Institute; that the invitation be extended to all societies to meet at this time under the auspices of the American Institute of Homœopathy, and that such expenses as approved by the Executive Committee be paid from the treasury of the Institute. The report was adopted.

Committee on Pharmacopœia.

This Committee reported and urged the universal acceptance of this work.

The Obstetrical Society.

The Obstetrical Society under the presidency of Dr. D. A. Foote, of Omaha, held most successful meetings. Among the notable papers read were "A Case of Cæsarian Section," by Dr. Florence Ward, of San Francisco, which elicited the highest praise. "The Rise and Fall of the Mammary Gland," by Dr. Frank Kraft, of Cleveland. "Primary Suturing of the Cervix," by Dr. Gilbert Fitzpatrick, and "Routine Technique in the Lying-in Room," by Dr. B. H. Ogden. The officers elected for the ensuing year were Dr. B. H. Odgen, St. Paul, President; Dr. Florence Ward, of San Francisco, Vice-President, and Dr. Gilbert Fitzpatrick, of Chicago, Secretary. The attendance throughout the meetings of this Society taxed the capacity of the meeting place. A resolution was passed advocating the reporting to boards of health all cases of abortion. Dr. T. Griswold Comstock, of St. Louis, Mo., was unanimously elected to honorary membership in the Society.

Election of Officers for 1906.

The election of officers for the ensuing year resulted as follows: President, W. E. Green, M. D., Little Rock, Ark.; First Vice-President, W. A. Dewey, M. D., Ann Arbor, Mich.; Second Vice-President, C. E. Sawyer, M. D., Marion, O.; Secretary, Charles Gatchell, M. D., Chicago, Ill.; Treasurer, T. Franklin Smith, M. D., New York; Registrar, J. Richey Horner, M. D., Cleveland, O.

Fourth Business Session.

Several committees reported this morning, among them the Committee on Life Insurance, New Members and International Congress, the latter presenting a supplementary report in which it was recommended that the work of the Institute for next year be arranged so as to carry the meeting of the Institute with the Congress, and that wherever possible the work of the two bodies be merged. The Auditing Committee also reported. It was moved by the Treasurer, seconded and carried, that a treasurer pro tem. be appointed by the Executive Committee. The Monument Committee also reported that there was a prospect of finally completing all the details in reference to the monument, that is, the disagreement between the architect and the sculptor was in train to be settled.

Place of Meeting.

Two invitations came before the Institute for place of the next meeting, New York and Atlantic City. On the final ballot Atlantic City secured the meeting place.

Memorial Services.

Memorial services were held on Thursday evening in the Music Hall. In the absence of the chairman, Dr. S. P. Hedges presided. A suitable musical program was prepared, consisting of a quartette, with Mrs. Charles Gatchell presiding at the piano. Addresses were made as follows in memory of our departed members, preceded by the report of the Necrologist:

Pemberton Dudley, M. D., for W. H. Bigler; E. B. Hooker, M. D., for George P. Jefferds, and for many other faithful ones; H. R. Chislett, M. D., for J. W. Streeter; J. P. Sutherland, M. D., for Conrad Wesselhœft; T. Franklin Smith, M. D., for E. M. Kellogg, whose death occurred only a few days before the convening of the Institute. Dr. Kellogg died quite unexpectedly in Brookline, Mass., on June 16th. The addresses were all impressive, lofty in sentiment, and the exquisite music rendered the ceremonies exceedingly solemn and fitting.

Fifth Business Session.

The Board of Censors reported additional names, making a total to this morning of 336. Several other names were subsequently added, making a total of over 350 new members joining at this meeting. In view of the fine work done by the Committee on New Members this seems an insufficient number to have been added. However, we believe the good work will go on. Chairman Spaulding offered some valuable suggestions in his report.

The Interstate Committee.

This Committee reported that it had perfected its organization and re-elected its officers. Representatives from twenty-five States were present. The Committee is ready for the work it is to do. We shall likely present a more complete report of this Committee in our next issue.

Report of the Intercollegiate Committee.

The Intercollegiate Committee of the American Institute of Homopœathy during the past year has been investigating the subject of attendance at our medical schools and discussing plans whereby said attendance may be increased. As a Committee we all agree that:

I. The admission and graduation requirements of our colleges are not to high.

II. That the established standards should not in any degree be lowered to attract students.

III. That the recent decrease in the membership of students in our schools is not attributable to lack of interest in, or enthusiasm for, Homœopathy on the part of the laity through whose influence to-day are being supported more dispensaries, more public and private hospitals, more sanatoria, more joint staff hospitals, more State institutions under homœopathic control than ever before.

IV. That the profession is not overcrowded with good doctors, there still being a large and increasing demand for homœopathic physicians, a demand larger than our colleges are able to supply.

V. That a small percentage of homœopathic students give up the study of medicine.

VI. That a scarcely measurable percentage of

President's Reception and Ball.

The remainder of the evening was devoted to a reception held by the President, assisted by the other officers and their wives, after which a ball was held in the banquet room of the Auditorium Hotel.

Business Session of Second Day.

Beyond the routine business of the report of the Treasurer, which showed a balance of $1,990.70, the report of the Board of Censors and the adoption of some minor amendments to the Constitution and By-Laws, no business was transacted. The nominations for officers were received and read. The nominees were: For President, Drs. E. B. Hooker, of Hartford, Conn., and W. E. Green, of Little Rock, Ark. For First Vice-President, Dr. W. A. Dewey, of Ann Arbor. For Second Vice-President, Dr. C. E. Sawyer, of Marion, Ohio. No change from the present officers was made in the other nominees.

Third Day. Business Session.

After the usual report of the Board of Censors came the report of the

Committee on President's Address

As follows:

Your Committee listened with the greatest pleasure to the address of our President. His recital of the achievements of the profession filled our hearts with joy, his clear-sighted interpretation of our unfinished mission inspired us to continue our labors for the ultimate success of our common cause.

Acting under your instruction the Committee has carefully studied this address and given due consideration to all its recommendations. President Royal's views regarding the needs of our colleges are fully endorsed. He has voiced the sentiment of every loyal Homœopathist in his demand that every professor in every homœopathic medical college who "cannot consistently and will not cheerfully teach that, other things being equal," better work can be done by the man who uses our Materia Medica, should be asked to resign and give his chair to another who *can* and *will* so teach."

If there be any such half-hearted adherence to the doctrines of our school, your Committee is of the opinion that this body should at once use its influence to retire to private life a teacher so useless and so dangerous. We believe, however, that loyalty to our ancient institutions is so thoroughly diffused throughout our profession and so intimately a part of every fibre of our structure that treason, or coldness even, will be quickly detected and properly treated. As Homœopathists we hail with joy every advance in surgery; in general medicine; in the allied sciences. We believe our cause has much to gain by the cheerful acceptance of truths wherever found. The specialist versed in all the arts of his profession is no less a faithful follower of that most progressive of physicians, the broad-minded Hahnemann. Therefore, we approve Dr. Royal's plea for such Materia Medica teaching as can be successfully applied by the specialist in every line.

The establishment of two colleges for post-graduate instruction appeals strongly to your Committee. With the medical, surgical and general knowledge in our ranks, we have no need of outside assistance in training the highest type of specialist in any branch of the profession. We recommend that the American Institute of Homœopathy endorse the suggestion and pledge to such institutions, properly organized and properly equipped, the fullest measure of support.

You Committee approves the plan of making the president of each affiliated society a member of the Executive Committee of the Institute. It advises that notice of a proper amendment to the By-Laws providing for such change be given.

Before President Royal's recommendation of an Institute journal can be rightly acted upon, it is necessary to furnish this body with a full statement of the prospects of such an ambitious undertaking. We must have as complete a prospectus as is furnished the careful investor by the corporation seeking capital. As Dr. Royal has said, such an undertaking will require careful deliberation and matured plans. Anticipating the election of an editorial board another year, your Committee recommedns that the President now appoint a Journal Committee, consisting of himself as chairman, the secretary and five other members of the Institute. This will constitute a committee of the same number recommended for membership on the editorial board. We suggest that the same men or the same type of men be chosen for this work as would be likely to be elected to the editorial board were that plan thought feasible at this time. We recommend that this Journal Committee be given one year to investigate every detail of the idea, to gather all the facts, to correlate them, and, finally, to present to this body a matured and complete plan for the establishment of this desirable enterprise.

In closing, we desire to thank Dr. Royal for his able, thoughtful and useful address. We trust he may live, not only to see the full fruition of his valuable recommendations, but also to be numbered with those happy Homœopaths who can say, "Our mission is fulfilled."

R. S. Copeland, M. D., Chairman;
C. E. Tennant, M. D.,
A. P. Hanchett, M. D.

The recommendations contained in the foregoing were adopted by the Institute.

Report of the Interstate Committee.

The Interstate Committee reported through Chairman Custis the recommendation of an examining board law, which should serve as a model, and urged those residing in the various States to endeavor to secure the passage of the same if practicable.

Committee on International Congress.

This Committee reported through its Chairman, Dr. J. H. McClelland, and recommended that the next meeting of the International Homœopathic Congress be held conjointly with the meeting of the American Institute of Homœopathy, and that it be held some time during the first two weeks of Sepour students *voluntarily* leave homœopathic school to enter old schools colleges.

VII. That the laity, and especially the rising generation, shall be *educated* to *know* what Homœopathy is: how effective and trustworthy it has always been.

VIII. That homœopathic medical schools must teach *all* useful knowledge that other medical schools teach, and *must have something better* to offer students than other schools have.

IX. That our medical schools *have that something better* in the possession of a scientifically founded knowledge of drug pathogenesy and a reliable therapeutic formula.

X. That Homœopathy is to-day, as it has always been, a *specialty in drug therapeutics;* that it is the only method of administering drugs on a positively curative basis, and that at the present time it is in homœopathic medical schools only that the opportunity is offered students to systematically acquire a practical knowledge of the principles and practice of Homœopathy.

XI. That the attractiveness and success of surgery and the specialties have detracted decidedly from the study of drug pathogenesy, and that it is the paramount duty of the entire homœopathic profession to devote renewed energy to the further development of our knowledge of drug pathogenesy and homœopathic therapeutics.

XII. That in view of these facts the Intercollegiate Committee recommend the adoption of the following:

Whereas, We as homœopathists may have paused so long in the contemplation of achievements and victories that it is time to turn to new efforts in fields yet unwon.

Whereas, One such field undoubtedly is the establishment of our medical schools on the firmest possible basis of ample endowment and attractiveness to would-be physicians.

Resolved, That we enter on renewed efforts to further develop our Materia Medica by the study of drug pathogenesy in accordance with the most modern and scientific methods; and,

Resolved, That we neglect no legitimate opportunity to impress on the minds of the laity by personal interview and literature the fact that homœopathic medical schools to-day offer the sole organized opportunity to learn the principles and observe the results of the action of the only positive law of drug administration.

The report was adopted.

The Bureau Work.

The various bureaus held scientific sessions according to the program. That of Materia Medica, under Chairman Geohegan, was especially commended by all present. Clinical Medicine also had fine papers and interesting discussions. Sanitary Science and Pædology did good work. The Bureau of Homœopathy, had it not been for its excellence, would have been a failure, as it had to compete with a number of attractions, such as a session of the Sanitary Science Bureau, and a clinic at the Hahnemann Hospital, which took away the surgeons and gynæcologists, the very people that the bureau desired to reach. We consider it unfortunate that the Central Bureau of the Instittue should have been shoved off until the last day, and made to conflict with *anything*. However, the bureau was a success, as our next issue will prove. A resolution was passed asking that the Institute recommend that the Intercollegiate Committee investigate and report upon the desirability of university affiliation for our colleges.

The Surgical and Gynæcological Association.

This association has five sessions culminating in a clinic at the Hahnemann Hospital held by surgeons of the hospital, Drs. Kahlke, Chislett and Shears, the drawing card, however, being Dr. Florence Ward, of San Francisco, who performed with her accustomed skill and *sang froid* one of the most difficult and perplexing operations upon a patient 74 years of age. She was equal to the occasion. A luncheon was served at the hospital.

This is one of the auxiliary societies of the Institute which has prospered under affiliation. President Sawyer may be well pleased with the success of his reign.

Officers selected for the ensuing year were: Dr. DeG. Wilcox, Buffalo, President; Dr. C. B. Kinyon, Ann Arbor, Mich., First Vice-President; J. W. Hassler, M. D., New York, Secretary, and T. D. Buchanan, New York, Treasurer.

National Society of Physical Therapeutics.

This sectional society held most successful meetings, exciting a tremendous enthusiasm and large attendance. The program was long and the papers excellent. A demonstration was made of high-frequency currents, wireless telegraphy and the diagnosis and treatment of tuberculosis by the X-ray. The officers elected for the ensuing year were the following: President, Wm. Harvey King, M. D., New York; First Vice-President, R. H. Stevens, M. D.; Second Vice-President, J. Oscoe Chase, M. D., New York; Secretary, Mills Cole, M. D., New York; Treasurer, Annie S. Higbie, M. D., New York.

Committee and Bureau Appointments.

President Royal appointed the following to serve on committees for the ensuing year as chairmen:

Transportation—W. O. Forbes, M. D., Hot Springs, Ark.

Publication—H. V. Halbert, M. D., Chicago, Ill.

Press—G. W. Roberts, M. D., New York.

Resolutions—B. F. Bailey, M. D., Lincoln, Neb.

International Bureau of Homœopathy—G. B. Peck, M. D., Providence, R. I.

Medical Examining Boards—A. Korndœrfer, M. D., Philadelphia.

Memorial Services—D. G. Wilcox, M. D., Buffalo, N. Y.

Homœopathic Pharmacopœia—C. Mohr, M. D., Philadelphia.

Hahnemann Monument—J. H. McClelland, M. D., Pittsburg, Pa.

Intercollegiate Committee—C. E. Walton, M. D., Cincinnati, Ohio.

Committee on Institute Journal consists of the following:

George Royal, M. D., Des Moines, Ia., Chairman.

Charles Gatchell, M. D,. Chicago, Ill.
D. M. Strickler, M. D., Denver, Colorado.
R. S. Copeland, M. D., Ann Arbor, Mich.
B. F. Bailey, M. D., Lincoln, Neb.
C. E. Kahlke, M. D., Chicago, Ill.
J. M. McClelland, M. D., Pittsburg, Pa.

The appointments for the Bureaus were the following:

Clinical Medicine—John E. Wilson, M. D., New York, N. Y.

Materia Medica—A. P. Hanchett, M. D., Council Bluff, Ia.

Homœopathy—James W. Ward, M. D., San Francisco, Cal.

Sanitary Science—C. E. Tennant, M. D., Denver, Colorado.

Pædology—J. P. Cobb, M. D., Chicago, Ill.

The Attendance.

Over 500 members were registered and nearly an equal number of visitors. It is doubtless true that many members did not register.

The Banquet.

The banquet given the Institute by the Illinois State Society at the Auditorium Hotel on Friday night was one of the most successful and brilliant in the Institute history. The Chicago press claimed that it broke the record for numbers of people served at a single banquet at the hotel. There were more than 1.000 people in the room. The feast was Babylonian in its sumptuousness. Dr. C. E. Walton, of the American Institute, presided as toastmaster. Drs. J. P. Sutherland, of Boston; R. S. Copeland, of Ann Arbor, and Mr. J. B. Young, of Clinton, Iowa, were the speakers for the Hahnemannian part, and Dr. N. Starr, of Charleston, Ill., spoke in behalf of the 50th Jubilee celebration of the Illinois State Society. All the speeches were of high order. Mr. Young was a former patient of Hahnemann, and related a few reminiscences of the founder.

The Local Committee.

Deserve great credit for the perfect arrangements made for the meeting. Nothing was neglected and everything went off on schedule time. The weather was ideal. The press committee did the best they could; they were promised good reports, but the reports in the press of Chicago were of the poorest. It is whispered that perhaps this may be explained by the fact that Chicago is the pivotal point of the American Medical Association.

The Meissen.

The Meissen, the ladies' organization of the American Institute, had its headquarters at the Auditorium Hotel, and entertainments were provided for the visiting ladies, consisting of tally-ho rides, automobile rides, visits to interesting places, teas, receptions, and all things dear to a woman's heart. The Chairman of the Hospitality Committee was Mrs. Gurnee Fellows, and the Chairman of the Local Committee was Mrs. G. F. Shears. There were nothing but good reports of Chicago hospitality from all sides.

COLLEGE EXHIBITS.

The Boston University School of Medicine has its fine pathological exhibit, and the specimens attracted a wide-spread attention. We have never seen in any place a better exhibit, and our Boston school is to be congratulated on its fine showing. No other college made any special exhibit, but several had headquarters. The Phi Alpha Gamma Fraternity had convenient headquarters, and held meetings and entertainments for its fraters during the meeting, and hearty enjoyment seemed to reign.

THE EXHIBITORS.

The facilities afforded the exhibitors at this meeting surpassed those of all previous meetings, and a large number of firms took advantage of them. Prominent among those having exhibits were the following:

Boericke & Tafel

Exhibited a full line of their publications and other goods, and the space about their exhibit was crowded with physicians and interested ones at that.

P. H. Mallen & Company

Displayed a full line of their medicines, consisting of tablets and special preparations. This firm is a deservedly popular one in the West, and it was never any trouble to show the goods.

Boericke & Runyon,

Of New York, exhibited a full line of their publications, Mr. Runyon in person being in charge thereof.

Fougera & Company,

The well known New York firm, presented their excellent preparations to the notice of the visiting members, and their courteous representatives explained their employment and special points.

The Bovinine Company

Had a fine exhibit of their well and favorably known preparation. The physicians of the Surgical and Gynæcological Society were offered an ocular demonstration of its value as a surgical dressing in the case of an extensive burn of the arm.

Deimel Linen Mesh Co.

Had a fine exhibit of their underwear, which attracted much attention. Mr. J. E. Good was in charge. It is an article that has obtained much favor among the profession of our school.

Welch Grape Juice Co.

A fine display of the well known and standard brand of grape juice, and it was visited frequently by members who knew a good thing, and who also knew that the Welch was a good thing.

Kress and Owen's Gylcothymoline

Exhibit was one of the most popular in the exhibit rooms, not on account of the popularity of Glycothymoline, which is beyond comparison, but also on account of the enterprise shown in the distributing of a special souvenir consisting of a handsome bottle with American Institute of Homœopathy, 1905, blown in the glass.

The Oxychlorine Co.

Exhibited a new dressing composed of the pith of corn stalks ground fine and incorporated with a non-oleaginous substance. It is called "Cellulo Dressing," and seems to be an excellent preparation.

The Allouez Water Co.

Of Green Bay, Wis., had an exhibit of their well known water.

The Lambert Pharmacal Co.

Exhibited Listerine, and explained its valuable uses.

Sharp & Smith and F. A. Hardy & Co.

Had fine and practical exhibits of surgical instruments, and both firms did a good business among the visiting physicians.

The Ambulatory Pneumatic Splint Co.

Presented their practical and useful apparatus to the notice of the members, and many seemed impressed with its simplicity and effectiveness.

The Ozark Chemical Co.

Exhibited their "Pill Antiluetic," and instructed the visiting physicians in the superior merits of the same.

Mellins Food Co.

Seemed to be as popular as ever with their exhibit of the well tried Mellin's Food. None other seemed to be in it with popularity, and we know this popularity was honestly obtained.

The Denver Chemical Co.

Man was present with Antiphlogistine, and nearly everyone carried away a sample of this excellent surgical and medical dressing.

The Elgin Invalid Bed

Presented to the visiting members their ideal bed for invalids of all classes. It seems an invaluable apparatus, and yet too simple to be known as an apparatus. It provides the maximum of comfort and rest to the sick room.

Other exhibitors were Halsey Brothers, homœopathic pharmacists, of Chicago; Fairchild Brothers & Foster, Allison & Co., of Indianapolis; The Maltine Co., Eskay's Food Co., and the Pinoleum Co. There were also exhibits by several vibrator companies, and a number of electrical companies and X-ray companies were in evidence. Prominent among the electrical companies was the well known firm of McIntosh, whose apparatus stands easily at the head of all others who were in the exhibitors' hall.

THE O., O. AND L. SOCIETY.

The question of affiliation came up before this Society in the form of the Institute invitation. It was refused at this time by a vote of 25 to 5, which shows that the Society's sentiment is decidedly against affiliation. It was, however, voted to enforce the ruling that none but Institute members be continued as members of the O., O. and L., or rather that after a certain period they must join the Institute. Dr. J. B. Garrison, of New York, was elected President for next year.

BOOK REVIEWS.

Chemical and Microscopical Diagnosis.

By Francis Carter Wood, M. D., of Columbia University, New York. D. Appleton & Co., 1905.

This work deals largely with laboratory diagnosis, such as chemical and microscopical examination of the blood and other secretions as an aid to diagnosis. It will be found a most useful work to corroborate the purely clinical picture. The value of all laboratory diagnosis, to our minds, consists solely in this corroboration; it is oftentimes more exact than the clinical method, but at the same time it always possesses less value than the clinical picture for the purposes of prescribing. In fact, those of us who practice homœopathic medicine can prescribe intelligently even before the diagnosis is made, and thus save valuable time, and it is rare that after having the diagnosis according to the best laboratory and clinical methods that the prescription has to be changed. Dr. Wood has given us a fine work, beautifully illustrated, and one that every physician could possess with profit to himself and benefit to his patients.

System of Physiological Therapeutics.

Cohn. Volume XI. Serum Therapy, Organotherapy, Radium and Radio-Activity, etc. P. Blakiston's Son & Co., Philadelphia, 1905.

This, we believe, is the last volume of this well known and excellent work on therapeutics, and it deals with most important subjects, presenting the latest on them; it also contains an index digest of the complete system of eleven volumes. We cannot say more than we have said about former volumes, it is the best work extant on the subject, and we do not see how any physician can practice medicine without them. It, as a complete work on therapeutics, gives more than any other work that we know of.

Diseases of the Eye and Ear.

By Arthur N. Alling, M. D., Yale University; O. A. Griffin, B. S., M. D., Michigan University. Edited by V. C. Pedersen, A. M., M. D. Lea Bros. & Co., Philadelphia and New York.

This work, by an eastern and western author, should give us the best there is in the country on these subjects, and the general appearance of the text, its practical arrangement and concise presentation make it what it is intended to be—a manual for students and practitioners, and one of the best. One thing has always seemed unfortunate to us, and that is the tendency of publishers to confine diseases of the eye and ear in one volume. There is no connection between these organs. The practical combination would be a volume on the ear, with one on the nose and throat, for these specialties seem almost inseparable. We can, however, cheerfully commend the volume.

International Clinics.

Vol. I. 15th Series. J. B. Lippincott & Co., Philadelphia, 1905.

This first volume of the new series of this well known quarterly comes to us in its old shape, and the articles are as usual of high order.

The Prize Essays.

Those wishing copies of the Medical Century prize essays should apply at once at any of the offices of the company.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A DEWEY, M. D., ... Editor.

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Subscription, Two Dollars Per Annum.

JULY 1. 1905.

Editorial.

ANOTHER CASE OF LIVE AND LEARN.

The old school is finding out that antitoxin will not cure cerebro-spinal meningitis. Of course, it will not. Every Homœopath has long ago learned that the only successful way to treat this, as all other malignant disorders, is to carefully individualize the cases, and as carefully treat the patients, not the disease. According to a late issue of the New York Herald, the Academy of Medicine of that city has awakened to the discovery of its failure. Dr. George L. Peabody spoke out frankly as follows:

"I am compelled to take the humiliating confession that we have fallen into a trap without adding anything to our knowledge. I was never more painfully impressed with our helplessness in treating cerebro-spinal meningitis. It was the severest epidemic of the disease that we ever faced, and in our helplessness I think we were justified in trying diphtheria antitoxin.

"In Roosevelt Hospital we gave the treatment in twenty-two cases, mostly young children. The meningococcus was found in every case but one. In each case the fluid was removed by spinal puncture. Eleven died, only one patient showed any marked effect from antitoxin—a girl who was ultimately cured. The mortality will go far beyond fifty per cent."

All the other physicians present who had used the antitoxin treatment in their hospitals agreed with Dr. Peabody that it had failed to justify Dr. Wolff's belief in it. Dr. W. Kinnicutt Draper reported that of ten patients treated at Bellevue with antitoxin only one is certain of recovery. Seven died. Two cases were treated with plain horse serum. One of them is dying, the other is in fairly good condition. Of the eighteen cases in which the new treatment was given at the Presbyterian Hospital, Dr. Francis P. Kinnicutt said only two are likely to recover. Ten have died. He found the same results and conclusions as Dr. Peabody.

Equally discouraging reports came from the New York Hospital, where the treatment was given in twenty-six cases with no apparent effect. The hospital has gone back to morphine and opium.

Helpless indeed is he who flounders so dreadfully in the face of so severe a foe. Little progress in treatment has that profession made in fifty years. Morphine and opium, opium and morphine, then more morphine and more opium—and then some—and always with the same result, a death rate that is appalling. The most ignorant empiric can do no worse. Will the allopath never throw off his shackles and make a fair and intelligent trial of Homœopathiy when he fails at everything else.

C.

PROF. OSLER IN RELATION TO HOMŒOPATHY.

America's most celebrated medical practitioner, now Regius Professor of Medicine at Oxford University, performed a tardy duty to humanity when at the last meeting of the Medical and Surgical Faculty of Maryland he gracefully acknowledged that the general attitude of the medical profession and Homœopathy and its practitioners had not always been just, fair, honorable or in keeping with the true scientific spirit, and when he frankly stated to his colleagues that the Homœopath of to-day is an educated and qualified practitioner. He also drove a nail home when he expressed the opinion that it would be better for the general good of both schools if they should bury all animosity and fraternize upon common ground.

Although a late-come admission and a tardy recommendation, these words of Prof. Osler, upon leaving America, where Homœopathy is strong and vigorous, will have a good effect, and many a man of haughty mien will find in them a salve for his conscience when he hereafter lets down the bars which have separated him from a most excellent therapeusis and cordially fraternizes with his heretofore despised homœopathic neighbor. Had Prof. Osler taken this stand years ago, supporting it in the full by a corresponding personal attitude toward our school, he would have done much toward attaining the goal he now marks out for others to strive to reach. And should he mould his course in England in harmony with his last words here the profession of Great Britain will owe him an unpayable debt for a duty well done.

Dr. Osler has shown his many-sided character in a new light. The Regius professorship cannot suffer with so capable and so sensible a man in its chair.

C.

EDITORIAL BREVITIES.

The Health of Havana.

The Cuban metropolis has put many a city in the United States to shame. In that city of near three hundred thousand, formerly a veritable hotbed of disease, with a death-rate often reaching sixty and seventy per thousand of population per annum, there was in March but one death from typhoid fever. This remarkable result is due to two causes. First, Havana has an unusually pure and reliable water supply, derived from a swift and limpid mountain stream but a few miles distant, and piped into almost every house in the city without contamination from any source. Next, the city was redeemed by the American Government, under the able and untiring eye of Major Gorgas, now in Panama, and such an object lesson of cleanliness was demonstrated to the Cuban people that to this day they have kept their capital very much cleaner than most American cities.

Tuberculosis is the bete noir of the Cubans. Of the 466 dying in the month under consideration 111 were lost to tuberculosis. Thirty-six more died of other diseases of the respiratory tract. Thus above twenty-five per cent. of the entire deaths were due to the white plague, while in this country but one-seventh of all deaths are due to that cause. Pulmonary consumption is firmly engrafted upon the Cuban people, and deserves the best thought of the sanitary authorities of that country and of the American Public Health Association as well. There is to-day greater danger to visiting Americans from this cause than from yellow fever, formerly our greatest menace from that direction.

C.

Oysters and the Typhoid Bacillus.

United States Consul Marshall Halstead has sent to the State Department a report of an investigation made for the Fishmongers Association of Great Britain by Prof. Klein, in relation to the vitality of the bacillus typhosus when introduced into shell fish, which is worthy of the attention of the profession. The conclusions reached are as follows:

Oysters readily take on the typhoid bacillus.

They clear themselves rapidly of it if kept in clean water frequently changed.

They are not able to clear themselves so completely if kept in a "dry" state, or out of water, as for sale in the shops.

Oysters from a polluted locality, being used as a test, take on the bacillus more readily and clear themselves of it more slowly than oysters from a pure locality.

Bivalves taken from a polluted locality retain the ingested bacilli to a markedly larger extent if kept in the "dry," or commercial state.

The power of "clearing" seems not to be a mere passing out of the oyster of the bacilli, but is due to some inherent power on the part of the oyster that enables it to devitalize the intruder.

Oysters once affected by the bacillus are less able to clear themselves if reinfected.

Oysters from a polluted locality containing a large number of bacillus coli very rapidly clear themselves of this microbe, whether kept in or out of water. This demonstrates that this bacillus is foreign to the oyster and has been derived from its surroundings.

No matter how badly they were infected, the test oysters remained plump and juicy, whether in water or in the "dry" state. It will not do, therefore, to rely upon their appearance. They may not look sick and yet be very deadly.

C.

Lives With a Hole in His Brain.

On May 5th George Horst, of Baltimore, attempted suicide by shooting himself twice in the head with a thirty-two calibre revolver, but is living and will recover. Both bullets struck him in the right temple and ploughed their way through to the opposite side of the skull. The patient was rendered unconscious, but his breathing and pulse were almost normal. The bullets were found at a depth of five and a half inches from the point of entrance, and the cerebrum was badly lacerated. Consciousness was soon restored, the wounded man was early able to talk freely, and his general condition was not long removed from the normal. The case is of interest chiefly from the medico-legal standpoint, and serves to demonstrate that men may do many an act not generally considered possible after having been shot in the head.

C.

Anent Roentgen Ray in Cancer.

From Berlin comes the latest authentic information on this subject. At the session of May 3d, of the International Congress called to celebrate the tenth anniversary of the Roentgen discovery, Professor Lasser read a paper averring that in some hundreds of cases of skin cancer he had had only three failures to cure. The ray was proclaimed to be effective only where the skin is involved, for the reason that it penetrates but one-fifth of an inch. For larger and deeper growths the essayist pronounced the treatment futile; but, he added, that he had found it effective in gangrenous cancerous growths, "such as would have seemed impossible to bold imaginations" a few years ago. Professor Comas, of Lisbon, sent a paper in which he reported sixty cases with results identical with those of Prof. Lasser. Prof. Unger, of Berlin, knew of no case of a cure of cancer of the breast, and Prof. Sjoegren, of Stockholm, agreed with him. Prof. Wolgemuth, of Berlin, cited a case, however, of a woman aged 75 years, who was cured of breast cancer after seventy-two applications, three per week. Professor Gocht, of Halle, exhibited to the Congress a clock-like invention that rings an alarm when the rays reached the burning point.

C.

Vitality of the Typhoid Germ.

The contention of St. Louis against Chicago and its great drainage canal has resulted in the discovery that typhoid germs will live longer **in pure water** than in pollution. Taken from the lake their vitality in lake water is seven days, while in the Chicago river and the drainage canal, whose waters are polluted by the river, they thrive but four days. It takes ten to twenty days for the flow to get from Chicago to St. Louis therefore scientists engaged by Chicago to investigate the subject contend that it is impossible for Chicago's sewage to endanger the health of St. Louis.

When the late Ernest Hart, of the British Medical Journal, visited the World's Fair he proclaimed very forcibly against the vile liquid then visible in the Chicago river, pronouncing it a fearful menace to life and health. In fact, so vigorously did he dwell upon the subject that it aroused the late Eugene Field to remark dryly that while Dr. Hart might ordinarily be a good authority on sanitary affairs he had failed to take into consideration that Chicago river's water was so vile that disease germs could not live in it. Thus Field unwittingly humorously forestalled what science has since proven to be true, that even germs require pure water for longevity.

C.

Sir Frederick Treves on Alcohol in Surgery.

In an address in London on May 19th, Sir Frederick Treves, England's most eminent surgeon, expressed himself as follows upon the effects of alcohol upon the human system:

It is distinctly a poison, and the limitation of its use should be as strict as that of any other kind of poison.

It is an insidious poison, producing effects for which only alcohol is an antidote.

It is not an appetizer, and even in small quantities hinders digestion.

Its stimulating effect lasts only for a few minutes, and after it has passed the capacity for work fails enormously.

It brings up the reserve forces of the body and throws them into action, with the result that when they are used up there is nothing to fall back upon.

On the march to Ladysmith the soldiers who were drinkers fell out as though they were labelled.

The use of alcohol is inconsistent with work which requires quick, keen and alert judgment.

Sir Frederick said that the use of alcohol is emphatically diminishing in hospital practice and among professional men who work hard during the day. His address was concluded with the following emphatic statement:

"I have spent the greater part of my life in the operating room, and I can assure you that there are some persons I do not mind operating upon and others that I do, but the person of all others I dread to see enter the operating theatre is the drunkard."

C.

Why Meningitis is a Winter Disease.

Prof. Weichselbaum, of Berlin, an acknowledged authority in Europe on spinal meningitis, declares it due to a microbe which thrives and is active only in the winter months, hence its subsidence in summer. Perhaps this may be true. But what physician of any experience is there who has not occasionally met with cases in the warmest weather. Such sporadics exist beyond question. And if due to a microbe how can it be explained that here and there is to be found an isolated case in some subject with a debilitated constitution, or who has been unduly exposed to changeable conditions, when all his fellows remain well under exactly the same status. The germ theory will bear watching.

C.

A Tetanus Antitoxin Recovery.

At the annual meeting on April 27th of the Medical and Chirurgical Faculty of Maryland, which is the Maryland State Medical Association, Dr. C. F. Davidson, of Easton, that State, reported a cure of a case of tetanus under the administration of heroic doses of tetanus antitoxin. The patient, a boy of twelve years, had suffered an attack of poison oak poisoning, this being followed by extensive suppuration of the scalp. Antiseptic solutions were used, the scalp being open in eight places and the infective process finally extending down the arm. On the ninth day after bathing in a pond tetanic symptoms set in, and at times the temperature reached 107.4°. Doses of twenty, forty and sixty centimeters of the antitoxin were administered, and after a six day siege the lad recovered. Dr. Davidson now suggests the use of the agent in doses as high as 100 centimeters. The case is reported here for what it is worth, with the positive belief that our own remedies will meet all our requirements, in conjunction with the careful elimination of as much of the danger as possible by proper surgical procedures.

C.

Editor's Table.

GENERAL NOTES.

At the commencement exercises of the Southern Homœopathic Medical College last month, Dr. Eldridge C. Price delivered the graduating address. Nine degrees were awarded, seven of the successful candidates being men, two of them women. New York, Pennsylvania, Delaware and Maryland were represented in the class.

A movement has been begun in the West, with headquarters at Lincoln, Nebraska, to secure the selection of the names of four eminent physicians for places in the Hall of Fame, NewYork. An effort is to be made to include the name of at least one physician among the celebrities to be chosen for a place this year. What's the matter with Hahnemann? Was not he the greatest physician, in the sense of healing, that the world has ever known?

Austria-Hungary, with a population of 47,000,000, has but 18,000 physicians, while the United States, with a population of 70,000,000, has above 120,000 doctors. Great Britain has more than twice the number in relation to population that is possessed by the Austrian Empire. America is the doctor-ridden country of the world.

Despite the concern of the public in regard to an occasional case of yellow fever in Panama, and the mad rush of the American population to get away from that port, the health of the Americans who are there seems to be remarkably good. Major Gorgas states that of the 9,000 employes of the commission but 153 are in the hospitals and the total of deaths for March was but eleven, or a ratio of but 14 per 1,000 of population.

The Indiana Institute of Homœopathy met at the Claypool Hotel in Indianapolis on May 30 and 31. The attendance was excellent. President Huron, of Tipton, Indiana, occupied the chair. The interest taken in the papers was noteworthy, as was the excellence of the papers themselves. In the evening a banquet was served at the Commercial Club and was attended by all present. Among those from out of the State was Dr. C. E. Walton, of Cincinnati; Dr. G. S. Coon, of Louisville, Ky.; Dr. Lincoln Phillips, of Cincinnati, and Dr. W. A. Dewey, of Ann Arbor, Michigan. The officers elected for the next session were: Dr. A. W. Holcombe, of Kokomo, president; Dr. C. B. Harpole, of Evansville, first vice president; Dr. D. S. Sanders, of North Vernon, second vice president; Dr. A. A. Ogle, of Indianapolis, secretary, and Dr. H. A. Adams, of Indianapolis, treasurer. The Indiana Society is one of our good State organizations and much interest in the cause was shown.

Dr. Joseph H. Cowell, of Saginaw, has been reappointed a member of the Michigan State Board of Registration by Governor Warner. It is an appointment that will give extreme satisfaction to the Homœopaths of the State of Michigan.

The graduation exercises of Hahnemann College, of Philadelphia, were held on May 24. The number of graduates was forty-four. The total number of graduates from this, our oldest college, now numbers 2,799. The total number of students in attendance at the last session was 164, of whom 31 were freshmen. Dr. William Boericke, of San Francisco, was elected president of the alumni association.

The number in the graduating class at the New York Homœopathic Medical College was twenty-two. Dr. J. Willis Candee, of Syracuse, was elected president of the alumni association.

There are dozens of places in the State of Oregon that are awaiting a homœopathic physician.

The California State Homœopathic Medical Society had a most successful meeting at Santa Barbara on May 10. The officers elected for the ensuing year were: Dr. Thomas G. McConkey, San Francisco, president, and Dr. Guy E. Manning of San Francisco, secretary. The next meeting will be held in SanJose in May, 1906. Eighteen new members were admitted to the society. It was arranged that an invitation be tendered the American Institute of Homœopathy to meet in California in 1907. Considerable rivalry was shown between San Francisco and the southern part of the State. San Francisco, however, seems to be the most suitable place. We all want to go to the coast and why not meet in the metropolis, equi-distant from the North and South?

Major John M. Carson, the dean of the newspaper men in the national capital, has been appointed commissioner of manufactures by President Roosevelt. Major Carson's daughter is the wife of Dr. T. L. Macdonald, Washington's noted homœopathic surgeon.

Dr. Moses T. Runnels, of Kansas City, has resigned from the deanship of the Kansas City Hahnemann College and has been made emeritus professor of surgery. Dr. Frank Elliott succeeds Dr. Runnels as dean, and Dr. Smith, formerly of Kansas, has been made registrar.

Commencement exercises of the Hahnemann Medical College of the Pacific were held on May 31. The address to the graduating class was delivered by Dr. William Simpson, of San Jose.

The corner-stone of Hahnemann Hospital, of San Francisco, was laid on May 30. The chief address of the occasion was made by the mayor of San Francisco, Hon. E. E. Schmitz, who chose for his subject "Homœopathy In and Out of Hospitals." Dr. J. W. Ward placed the corner-stone. Our San Francisco brethren will soon have one of the finest hospitals in the land.

The graduating exercises of the training school connected with Green Gables Sanatorium were held on June 3. Dr. Wood, dean of the medical department of the university, delivered an address and William J. Bryan made some felicitous remarks. Three young ladies received the diploma of the institution from the hands of Dr. Benj. F. Bailey.

The Homœopathic Department of the State University, of Iowa, has issued a bulletin containing the provings of Chionanthus. We shall present the salient points of these provings in our next issue.

Claude A. Burrett, A. B., M. D., of New York, has been appointed by the Board of Regents of the University of Michigan, Director of Homœopathic Pathogenetic and Hospital Laboratories. Dr. Burrett enters upon his duties at the opening of the next semester in September. Dr. Burrett is a graduate of Syracuse University; he is a good Homœopath, and has had much experience in biological research.

Dr. O. K. Richardson, of Minneapolis, Minn., late president of the Minnesota State Homœopathic Society, visited Ann Arbor during the week of the commencement exercises.

The graduation exercises of the homœopathic department of the University of Michigan were held in connection with the general university commencement on June 22d. The class numbered fifteen.

Dr. Joseph H. Low will remove August 1st to Dr. J. R. Kippax's residence, 3154 Indiana Ave.

On August 1st, Dr. J. R. Kippax will retire from practice for an indefinite period, owing to the continued ill health of Mrs. Kippax. Dr. and Mrs. Kippax will then go to their summer home, "Sixty," Brantford, Ontario, and will also spend one or more winters in California or in Europe. Later, the doctor may resume practice, limiting it to consultaion work, having an office in the down-town district only.

The meeting of the Kansas State Homœopathic Society at Topeka on May 17th, 18th and 19th, was well attended and successful. Dr. H. M. Bentley, of Sterling, was elected president for the ensuing term.

That New York is a medical Mecca is evidenced in a slight way by the attendance at the recent practitioners' course in the New York Homœopathic College. There were physicians present from Iowa, Dakota, Wisconsin, and other Western States.

The thirty-fourth annual report of the Middletown State Hospital just issued, shows the institution to be in its usual prosperous condition. During the past year the average daily capacity of the hospital has been overtaxed by 296. Less and less restraint seems necessary, and the percentage of recoveries is a good one. Superintendent Ashley is doing a good work, and is upholding the fine record the institution has always held.

Dr. W. B. Hinsdale, dean of the homœopathic department of the Universiy of Michigan, sailed for England via the Dominion Line, from Montreal, on June 24th.

The Homœopathic Medical Society of Chicago has for its president for 1905-'06 Dr. Gilbert Fitzpatrick, Dr. George M. Cushing is secretary.

MINNESOTA MENTION.

BY H. C. ALDRICH, M. D., MINNEAPOLIS, MINN.

Dr. C. L. Gates, one of the older practitioners of Homœopathy in the State, has been unable to get about during the winter owing to being afflicted with a fractured femur. However, he is rapidly improving.

Dr. L. W. Satterlee has removed from Clear Water to Alexandria, Minnesota, succeeding to the practice of Dr. F. Peake, who has removed to Valley City, N. D., where he will be associated with his brother, Dr. A. Peake.

Dr. E. A. Goldsmith (Chicago Homœopathic College, '03) has located at 697 E. 3d Street, St. Paul.

Dr. Thos. J. Gray has removed from Minneapolis to Berkeley, Calif., where he expects to take up practice at once. The loss to our school in Minnesota of so highly educated a man will be a distinct gain to the personnel of the profession in California.

Dr. Geo. P. Connolly has removed from Lake City to Prior Lake, Minn.

Dr. Geo. B. Hamlin has opened offices at 400 2d Ave., South Minneapolis.

Dr. Fred. K. Gramenz and wife, Menagha, Minn., were recent visitors to the city. Dr. Gramenz reports a good business at his location.

Dr. C. V. Cole has removed from Pelican Rapids to Lake City, Minnesota.

The marriage of Dr. Paul A. Higbee, of Minneapolis, and Miss Louise Day occurred May 31st at the home of the bride in Milwaukee.

On Thursday, June 1st, occurred the thirty-third commencement exercises of Minnesota's University. Among the large class that graduated there were four from the College of Homœopathic Medicine and Surgery, whose names are: Harry Burchard Ballou, of Minneapolis; Michael Matthew Jordan, of Wayzata; Herbert Valney King, of St. Paul; Joseph Dawes Waller, of Minneapolis.

Dr. Walton I. Mitchell, formerly of St. Paul, has removed to Galveston, Texas, and reports a good field and encouraging prospects.

Dr. J. T. Schlessman and his good wife, of Good Thunder, Minn., are rejoicing over the arrival of a son at their domicile, which interesting event occurred June 2d.

Dr. H. V. King, University of Minnesota, '05, has accepted the position of interne at the Cobb Hospital in Merriam Park, a suburb of St. Paul.

Dr. M. M. Jordan, University of Minnesota, '05, has located at Elk River, Minn.

Dr. J. D. Waller, University of Minnesota, '05, has accepted the potition of interne at the Minneapolis City Hospital, and is no win charge of the building for contagious diseases.

Dr. H. B. Ballou, University of Minnesota, '05, of Minneapolis, is still in the city.

The June meeting of the Minneapolis Homœopathic Medical Society occurred on the 20th, and Dr. Henry C. Aldrich read a paper on Hand Disinfection, which was followed by a general discussion. Reports of committees were called for, and President Haywood as chairman of the committee to report to the Board of Charities and Corrections, the recommendation by the Society of the names of Drs. W. E. Leonard and Geo. E. Ricker for the position of City Physician, told of the committee's visit to Mayor Jones and other members of the Board.

Dr. Geo. E. Dennis has changed his residence from 2308 Portland Ave., to the corner of Clinton Ave. and Fifteenth street, Minneapolis.

Dr. Geo. E. Hamlin has removed from 2713 Emerson Ave. to the Naulahka apartments on Grant street, between Vine and Spruce place, Minneapolis.

The following is the new medical reciprocity act for Minnesota, and following it appears a letter from the Secretary of the Minnesota Board of Medical Examiners. In it paragraph six is one that all medical colleges should note carefully:

Medical Reciprocity Act.

Be it enacted by the Legislature of the State of Minnesota:

Section 1. That the State Medical Examining Board either with or without examination may grant and license to any physician licensed to practice by a similar board of another State, and who holds a certificate of registration showing that an examination has been made by the proper board of any State on which an average grade of not less than seventy-five (75) per cent. was awarded the holder thereof, the said applicant and holder of such certificate having been at the time of said examination the legal possessor of a diploma from a medical college in good standing in this State, which said diploma may be accepted in lieu of an examination as evidence of qualifications: In case the scope of said examination was less than that prescribed by this State the applicant may be required to submit to an examination in such subjects as have not been covered. The fee for such examination shall be fifty ($50) dollars.

A certificate of registration or license issued by the proper board of any State may be accepted as evidence of qualification for registration in this State; Provided, the holder thereof was at the time of such registration the legal possessor of a diploma issued by a medical college in good standing in this State and that the date thereof was prior to the legal requirements of the examination test in this State.

Sec. 2. If by the laws of any State or the rulings or decisions of the appropriate officers or boards thereof, any burden, obligation, requirement, disqualification or disability is put upon physicians registered in this State or holding diplomas from medical colleges in this State which are in good standing therein, affecting the right of said physicians to be registered or admitted to practice in said State, then the same or like burdens, obligations, requirements, disqualifications or disability shall be put upon the registration in this State of physicians registered in said State or holding from medical colleges situated therein.

Sec. 3. All acts and parts of acts inconsistent with this act are hereby repealed.

Sec. 4. This act shall take effect and be in force from and after its passage.

Approved April 18, 1905.

To Secretaries of State Medical Examining Boards.

Minneapolis, Minn., May 20, 1905.

Dear Doctor:

A bill authorizing the State Board of Medical Examiners to reciprocate with other Boards having similar requirements was passed by our recent Legislature.

Inquiries from applicants for license to practice medicine and surgery in this State are coming to this office, asking whether the Minnesota State Board of Medical Examiners will accept their certificates from their respective State Medical Examining Boards in lieu of an examination. The applicants have been informed that at the last session of the Legislature, a bill providing for reciprocity was passed, but until reciprocal relations can be brought about between the State referred to and Minnesota a license cannot be issued in this manner.

Our Board will have its next executive meeting about the middle of June, 1905, and it is desired to have as complete information as possible pertaining to the requirements of your Board for license to practice medicine and surgery; also please indicate upon what terms your Board would be willing to reciprocate with this Board.

The law regulating the practice of medicine in the State of Minnesota provides "That after January 1, 1899, it shall be necessary for all persons commencing the practice of medicine and surgery to submit to an examination in the following branches, to wit.: Anatomy, Physiology, Chemistry (including Toxicology and Urinalysis), Histology (including Pathology, Bacteriology, etc., etc.), Materia Medica, Therapeutics, Preventive Medicine, Practice of Medicine, Surgery, Obstetrics, Diseases of Women and Children, Diseases of the Nervous System, Diseases of the Eye and Ear, Medical Jurisprudence, and such other branches as the Board shall deem advisable, and present evidence of having attended four full courses at a medical college, recognized by the State Board of Medical Examiners, of at least twenty-six weeks each; no two courses being in the same year."

At the October 14, 1904, meeting the State Board of Medical Examiners adopted a resolution which was mailed to medical colleges in the United States and Canada, a copy of which is herewith submitted.

Graduates of medical colleges granting advanced standing for non-medical work are not admitted to our examinations. This Board requires four full courses, extending over four years, at a recognized medical college.

As the Board has had no meeting since the passage of this bill, definite arrangements pertaining to the term upon which Minnesota is willing to reciprocate with other States have not been considered, but this matter will be taken up at the June, 1905, meeting.

An early reply will be appreciated.

Very sincerely yours,
C. J. Ringnell, M. D.,
Secretary.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The last meeting of the Medical Society before the summer recess was held Tuesday, June 6th. The following papers were presented:

The Diagnostic Value of Pain, by Dr. George H. Lee.

Pain From the Standpoint of the Surgeon, by Dr. Homer I. Silvers.

The Beneficence of Pain, by Dr. Rufus Choate.

In the discussion which followed the relief of pain was also touched upon by some of the speakers.

During the meeting word was received telling of the serious illness of Dr. Charles Goodell, of Frederick, who had just undergone an operation for appendicitis. The sympathy and good wishes of the Society were extended to him, and at last accounts he was greatly improved.

Drs. J. B. Gregg Custis and T. L. Macdonald were appointed members of the Medical Examining Board to succeed themselves.

The Society then adjourned to meet again in October.

Dr. L. B. Swormstedt and Dr. William Rufus King attended the commencement exercises of Hahnemann Medical College, Philadedphia.

Dr. John R. Sharp has been appointed to represent the homœopathic part of the profession to conduct the new free dispensary for tubercular patients, one day in each week, which will be all the time allotted Homœopathy. He will have two assistants in the work.

The evening of May 23d the National Homœopathic Hospital held commencement exercises for their Training School for Nurses, in the ball room of the New Willard Hotel. Nine young ladies received diplomas, and the occasion was voted a decided success.

Dr. J. S. Stearns is spending a month's vacation at his summer home in Maine.

KANSAS CITY NOTES.

BY LEWIS PINKERTON CRUTCHER, M. D., KANSAS CITY, MO.

An attempt was made to organize or reorganize the Kansas City Homœopathic Society on the evening of June 22d.

The call was for 8 P. M. at the Midland Hotel, and the response was satisfactory to the instigators.

That the sweet harmony that has always characterized the Kansas City profession might not be disturbed, it was decided to elect a chairman at each meeting (meetings to be held monthly); this plan preventing politics and its dire possibilities. The success of the scheme is yet to be determined.

The Kansas City Hahnemann College announces "ready for business" this fall, with Frank Elliott in the deanship, and G. W. Smith, formerly of Kansas, as registrar.

There has been some additions and a few subtractions to and from the faculty.

Drs. C. E. Legg, L. Bloesser, C. E. Allen, and one or two other graduates of 1904 have been elected professors of physiology, anatomy and Materia Medica, respectively—while the subtraction column contains the names of the following: Drs. Mark Edgerton, B. B. Andrews, Geo. A. Dean, H. E. Young, H. F. Fisher, Chas. K. Wiles, and one or two others.

Dr. Moses T. Runnels was made Emeritus Professor of Surgery, and Dr. H. A. Barber Emeritus Professor of Obstetrics.

Dr. H. F. Fisher and wife have gone to Colorado, where they will remain till fall. The trip was made incident to Mrs. Fisher's slow recovery from a recent illness.

Drs. Patterson, Forster, Runnels, Soule, and Cramer attended the American Institute meeting in Chicago.

An ordinance, which has every prospect of passing, is now before the City Council, giving to all schools of medicine a "square deal" at the new city hospital, in the matter of clinics.

The University Medical College and the Homœopathic College are all that remain in Kansas City since the Medico-Chirurgical, the Kansas City Medical and the College of P. and S. were absorbed in the Kansas University College, which will be located in Rosedale, a suburb of Kansas City.

Dr. Wm. P. Cutler, the aggressive homœopathic food inspector of Kansas City, has been engaged the past few weeks in exposing and prosecuting various dealers in "doctored" meats and other food stuffs.

The chief offenders have been the lunch wagon and small restaurant keepers, although there has been some suspicion of the larger dealers, and a little evidence withal.

OBITUARY.

Dr. John Williams Streeter, 1841—1905.

Dr. J. W. Streeter was a native of Ohio, and attended the Monroe Academy and Otterbein University. He left college in 1858 and taught school for four years in Northern Indiana. At the outbreak of the Civil War he enlisted with the First Michigan Light Artillery, the famous Loomis battery, and was mustered out in 1865 as a first lieutenant. He then studied medicine in the University of Michigan and in the Hahnemann Medical College, where he graduated in 1868. He was one of the founders of the Chicago Homœopathic Medical College, and for many years was professor of gynæcology. As a medical teacher, Dr. Streeter was beloved and respected by students and colleagues alike. He was clean of mouth, and his personal influence over students was wholesome, and exercised in the most gentle and friendly way. He served as president of the homœopathic staff of the Cook County Hospital for ten years.

His clientele was drawn from the best families, and his advice and surgical services were in frequent demand from the doctors of this and adjoining States. He easily ranked as one of the most accurate diagnosticians and as one of the most skillful, and yet conservative, operators in his chosen specialty.

He was also interested in the National Guard, and held the rank of lieutenant colonel and assistant surgeon general. He was a member of the Loyal Legion, the Order of Military Surgeons of U. S., and several Chicago clubs. In 1888 he founded the Streeter Hospital, which matured into the present beautiful structure, and it was the pride of his heart.

About ten years ago he became infected while operating, which greatly impaired his health of late years, compelling him to spend much of his time in his country home, Uppercross farm, near Lake Forest, where he died, June 4, 1905.

During the past few years he wrote his famous books, "The Fat of the Land," a story of farm life, and "Dr. Tom," a tale of Kentucky. He was engaged in revising his third book, which was completed at the time of his death.

The decedent is survived by his widow, two daughters, Mrs. G. L. Harvey, and Mrs. P. W. Hamil, and one son, Dr. E. C. Streeter.

The funeral service was held at the First Presbyterian church at Lake Forest, and was attended by a large concourse of friends.

Emmet L. Smith.

Static, High Frequency, Radio, Photo and Radium Therapy.

By William Harvey King, M. D., LL. D. New York. Boericke & Runyon. 1905.

This new work by the great authority on these subjects in our school is a modest volume of 291 pages and covers the subjects on the title page in a complete manner. These subjects are today much in the minds of the profession and public and the author has given us a concise work that is fully up-to-date and adapted to the wants of the busy man. Dr. King is one of our most conservative men and therefore what he has written on these subjects may be relied upon as being the best there is. The book is well printed and illustrated and the price is $2.50, and it is worth the money.

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Homoeopathics.

THE PROPAGANDISM OF HOMŒOPATHY.

BY ROYAL S. COPELAND, A. M., M. D., ANN ARBOR, MICH.

Holy Writ records that Peter and the other apostles were cast into prison for teaching a doctrine unacceptable to the priests. When brought before the council and examined, the testimony of the apostles cut the counsellors to the heart, and they thought to slay the offenders. But there arose a certain Pharisee, named Gamaliel, a doctor of the law, held in reputation among all the people, who protested against the proposed verdict of the judges: "Ye men of Israel," he said, "take heed to yourselves what ye intend to do as touching these men. Refrain from them and let them alone; for if this counsel or this work be of men, it will come to naught. But if it be of God, ye cannot overthrow it; lest haply ye be found even to fight against God."

If Homœopathy were not of God, that is, if it were not in harmony with the laws of Nature, it would have come to naught. The opposition of the dominant school would have been an unnecessary element in the destruction of a doctrine, which, without benefit of medical art, would long since have perished from the earth, as Oliver Wendell Holmes, the false prophet, said it would in fifty years. What a pity, however, that some medical Gamaliel, "held in reputation" among the profession, could not have foreseen the foolishness of opposition, and, by advising against his banishment, spared Hahnemann the heartaches and sadness of a long exile!

Undoubtedly the dominant school has come to realize the mistake of its ancient membership; the present attitude of that school would seem to indicate it. But with the change comes a new danger to Homœopathy. Born in opposition and nurtured in tribulation, Homœopathy is not accustomed to an environment of friendliness. The arbutus, redolent of springtime, growing and blooming luxuriantly, choicest of flowers, sickens unto death if disturbed in its native conditions. On removal from about it of the forest debris, of the leaves, the moss and the broken branches, of every apparent obstacle to its development, the beautiful plant droops and dies. Homœopathy, we believe, is so deeply rooted in the soil of science and so sturdy in its growth that, unlike the arbutus, it is able to withstand every change of environment. But with this changed attitude of the dominant school, we are brought to face new conditions which demand serious attention.

The devil is said to find work for idle hands. Conversely, then, to be busy should be to be good. How can we better meet the present situation than by entering upon a vigorous campaign for the propagandism of Homœopathy? Indeed, has not the time arrived when we must clothe ourselves in the panoply of war and go forth to more aggressive battle than has yet been recorded in all our splendid history?

To change the figure, have we observed the fields about us with their grain ripe for the harvest? Are we taking advantage of the changes of thought in chemistry, in physics, in physiology? Are we turning to our own advantage the progress in science which seems to be in the direction of vindicating all our claims and entitling them to universal recognition? In the language of a recent editorial in the Medical News, the New York advocate of dominant medicine: "There are some very striking phenomena in the developing science of physical chemistry which show that Hahnemann's dilution theories, while purely dogmatic and unsupported, contained some very interesting anticipations of later-day chemistry." Are we alive to the importance of these new ideas and sensible of this opportunity to occupy a commanding place in the scientific world? With the enemy ready to capitulate, at least so far as some of our long disputed theories are concerned, are we pushing the war vigorously? At the moment when the physical scientists are, for the first time, our allies, are we throwing all our own reserve strength into the battle, hoping and trusting to crush the enemy, and in this generation, to establish our therapeutic supremacy?

Harmless as doves, are we also wise as serpents, in entering the open door of the commercial activities of this great nation? Are we taking possession of the medical opportunities offered by the corporation, public and private, and entrenching ourselves so securely that when the world wakes up Homœopathy will be found in possession of all the strategic points?

Are we entering the universities, the storm centers of intellectual activity, and there engaging the attention and respect of young men and women who will go forth into the world, every one an influential factor in his chosen community? A college student is an animated interrogation point. You may fool his father and mother, his grandparents and his uncles-in-law, but there is something about a young fellow in college that makes him proof against deceit and sham of every sort. He will point out a humbug on first sight, and, with his eyes shut, show the weakness of specious argument. He is a natural fighter, a believer in fair play, ready to take the side of the under dog and to defend any opinion he may form. The church is wise enough to recognize the strategic importance of the college centers. It sends its best men to the college pulpits and endows Bible chairs and lectureships to attract the attention of the student body to its own denominational importance. Homœopathy can ill afford to neglect such important fields, and should be so ably represented in every college center that there will be no doubt of demonstration there of the efficiency of our doctrine and practice. In this way we will win to our cause the aggressive aid of men and women who are destined to be moral forces, no matter where they locate.

Our medical journals are doing much to further the cause of Homœopathy. Their evangelistic spirit is bound to bear fruit. Many of our college officials bear grateful testimony to the practical value of that example of journalistic enterprise, the prize essay, "Why Students of Medicine Should Select the Homœopathic School." Personally, I have seen a number of letters from prospective students of dominant medicine who have decided upon Homœopathy after reading these valuable tracts.

In my judgment the cause of Homœopathy may be furthered by the right kind of campaign directed towards reaching authors, magazine editors, and literary people generally. In olden times pious folk, in seasons of perplexity or necessity, were wont to resort to prayer; to-day, every want is satisfied by advertising in the public press. The pen, indeed, is mightier than the sword. Much may be accomplished for Homœopathy, it seems to me, by an occasional press or magazine notice, not of some individual physician, but by a proper reference to the system itself. In the writings of some of the New England celebrities of a generation past, occasional and casual mention of Homœopathy has been the means, undoubtedly, of investigation of our system by many now enthusiastic patrons. There must be many in the literary world to-day, grateful for personal or family relief from serious illness, who would gladly assist the cause in a similar way if convinced of its importance.

The national government should accord to our graduates every possible privilege. The public institutions, the life insurance companies, the railroad and steamship lines; indeed, every position demanding medical skill, should be freely open to our practitioners. I have faith to believe that the door will open to him who knocks. But we must have definite plans for organized and concerted action. No man would think to build a mansion without a definite plan at the start; therefore, preparatory to an aggressive campaign, we have arranged for a series of addresses on the propagandism of Homœopathy. Each sub-topic will be discussed by experts, possessing special knowledge regarding it. We trust the discussions will lead to definite and positive plans for the advancement of our common cause.

Let us lay aside all our factional and petty differences! Let us forget our opinions as they relate to potency or methods! Let us consider at another time the theories of our doctrine! For the present, let us draw nigh to each other, outline a plan of campaign, then, touching elbow to elbow, let us march forward in invincible line! If we do this we are sure to occupy every point of vantage. Come, brethren, let us commune together and show the world that the homœopathic profession is a unit for the propagandism of our common cause! Let our cry be: "Recognized Supremacy in this Generation!"

HOMŒOPATHY AND THE CORPORATIONS.

BY BENJ. F. BAILEY, M. D., LINCOLN, NEB.

It is a short story, a tale that is soon told. The homœopathic profession is practically without corporative recognition, and to-day corporate interests rule the world. It is too often their creed that "To those that hath shall be given, and from those that have not shall be taken away, even that which they have." A corporation is an associated physical and mental force, intense in the strength of its combination and formed to secure the strength that is impossible to the individual. Even under the old Roman law, according to Alfenus, an associated body of persons acting as one was recognized as a separate legal entity. Though one by one the original members of the body corporate disappear and their places are taken by others, still the Roman law states that the body corporate remains the same. The English common law states to this effect: "The corporation or artificial person created by the fiat of the law is always separate and distinct from its members, trustees or managers." Hence, in a large sense, although the directors or managers elected by the corporations direct the business of the corporation, this creature of the law is the one who becomes responsible to the public and assumes the responsibility of actions both good and bad.

It is this lack of personal responsibility that has Sometimes led to the statement that "A corporation has no soul." If a corporation act beyond its powers it may be said with legal technicality to act "ultra vires," and it is for us to consider to-day whether or not corporations in their failure to employ to a greater extent the members of our school of medicine are acting ultra vires, and if they are so acting, are we guilty of a contributory negligence? On the other hand, if they are not acting ultra vires, but clearly within their own power, are they, nevertheless, acting contrary to the public good, and if they are so acting, what is our duty in the premises?

In consideration of this subject, it may be pardoned if I consider not only the manufacturing, railroad, insurance corporations, etc., but also in the broader sense of the law the municipal corporations. From a logical standpoint, the question of our relation to corporations is hardly worth considering unless there is a distinct and demonstrable loss to the public from our non-activity in public spheres, for unless we can demonstrate to the public something more important than our own personal loss and revenue, it is little less than an imposition to take the time of this honorable body in a consideration of this subject. Let us, therefore, look first to our right to discussion of a public loss.

Sidney Webb says: "In industrial democracy the wage-earner sells to his employer not merely so much muscular energy or mechanical ingenuity, but practically his whole existence." William Farr says: "When any city experiences a higher death rate than the average it should always be a matter of serious inquiry and concern to its citizens." Some of the present records of mortality and sickness are in this connection most suggestive. It is probable that the poor Italian, who, being told that he must be taken from his poor tenement home or die, exclaims: "No, no! Me not die yet at all. Me gotta bringa the grub to ma child," little realized the mark of death that was upon his kind from legal evasions allowed by criminal muncipalities. He did not know that in the tenement houses of a great city the death rate reaches not uncommonly 204 in 1,000 inhabitants. He did not know that Hunter tells us that in 10,000,000 well-to-do inhabitants there will average 100,000 deaths per annum; among skilled workmen of the same number of inhabitants 150,000 deaths per annum, and among the same number of the poor 350,000 deaths per annum. He probably, too, did not know that criminal economy and carelessness will permit this year in our country 150,000 deaths from tuberculosis, while in the world there will be of this great white plague, which is to a great degree an avoidable disease, 11,000,000 deaths, or 3,000 each day, or 2 each minute, and that probably 10,000,000 of our 70,000,000 inhabitants must die of this disease. And yet had he known this, or should his fellows recognize it, is it a wonder that the taint of anarchy clings to these people in their desire to throw off a depression of economic carelessness which means death? And when this class rule in their might we call them brutal, while we blame not the dumb beast in his fight for self-preservation, and prate in our Declaration of Independence that "all men are created equal, and endowed by their Creator with certain inalienable rights, and that among these are life, liberty and the pursuit of happiness." This, too, while we know that to every person who dies two are sick, and that when, in 1093, New York reduced her death rate 20 per 1,000 to 18.75 per 1,000, she saved 4,500 lives.

I believe there is not a member before me who will not recognize and admit the truth of these statements, and who will not recognize and admit that these facts are the result of carelessness and cupidity in municipal and other corporations, as was the death of no small per cent. of the 442 passengers and 3,520 employees killed by the railroads in the United States in 1903. These conditions can not be duplicated in proportionate horrors in any sphere of life where the private individual is directly responsible, for two reasons, the conscience grows and thrives and becomes more sensitive in that neighborhood or locality where it knows its possessor is subject to prosecution, criticism and social ostracism. The conscience shrivels and seems to disappear where it can hide behind the fiat being which is a creature of the law under the name of corporation.

The homœopathic profession has claimed for itself unusual intelligence, wealth and philanthropy. Granted that this be true, what influence or strength have we in staying the conditions to which I have referred? Scarcely a legislature convenes that has not in its personnel one or more of the members of the so-called regular school of medicine, looking after the interests of the representatives of the A. M. A. The city health officers, the county health officers, the railway surgeons, the staffs of the great public hospitals are practically all from the other school. What does our intelligence, our wealth, our philanthropy net the public while we are without political, and, hence, without corporate influence?

Voltaire says: "History is little less than a picture of human crimes and misfortunes," and certainly the municipal and other corporate conditions which I have pictured permit some radical minds to assume as bitter a pessimism as was Voltaire's, and many of these misfortunes and all of the crimes occur as the result of cupidity and selfishness and are avoidable, and inasmuch as we lack in influence and activity in preventing such conditions, the public is a sufferer to the extent that our intelligence, scientific attainments and influence might prevent.

The second question, as to the loss of the public in our present position, is the question of the supremacy or non-supremacy of the law of similia, and hence our medical methods. There was a time varying from fifteen to thirty years ago; in fact, during all that interim, that our most earnest men of earlier days, most of whom have passed over the line, busied themselves in giving to us and to the world statistics which showed most positively the superior results in the use of our system over those of any other. I can remember that the man who submitted the statistics of the Crimean war, a man of the so-called regular school, who went to his study most prejudiced, wrote in practically these words: "I am obliged to admit that a great number survived under homœopathic treatment that would have died under any other." We are not wanting in these statistics, but I regret to say that few, if any of them are very new. If these statistics, that were at that time undoubtedly true, can be duplicated at the present time, or even if they can be duplicated in part, the loss to the public is immeasurable, and if they are not true and can not be duplicated at the present time, it is because, first, the treatment of the so-called regular school has been improved, and not to any small extent by the adoption of our own methods, perhaps in a crude way, and secondly, because we have ceased to be persistent and untiring students of Materia Medica, because we have not improved our Materia Medica in keeping with modern methods; in other words, because we have not improved what we had nor even made the most of what we have. In either case, the public being the sufferers to the extent that they are sufferers, we are guilty of being criminally negligent.

Assuming, then, the facts as stated, that our corporate interests are at a minimum, that the abuses due to corporate influence are great, that the public is a loser because of the lack of our possible influence and scientific work, and because of the superiority of our methods, it is meet for us to consider, first, why we are not employed, and why the corporate interests of the country turn to the regular school for the equipment of their medical departments. We are told that the "religious, educational, industrial and political institutions of the Roman Empire were all formed on the assumption that the world is made for the few, and the many are to be their servants" (Abbott), while those of the Hebrew commonwealth were formed on the assumption that the world was made for the many and that the few were to be their servants. For the nineteen centuries of the Christian era it was a continual conflict for the supremacy of the Roman or the Hebrew idea. Imperialism for all time has been but a struggle for the supremacy of the Roman constitution. Puritanism, which was planted and which thrived on American soil, fought for general human rights as held by the Hebrew constitution. The modification of the imperial constitution of England was the result to no small extent of the leaven sowed by the Puritans, until, we are told by Green, "England became the people of a book, and that book the Bible." "In that book, they, as we, found a conception of social equality which is still radical even in this democratic age" (Abbott).

From the 7th to the 19th centuries the common brotherhood of Christ conquered and grew stronger and stronger until, in the beginning of the 19th century, the very atmosphere of our own new country seemed charged with liberty, and we ourselves realized, and other nations looking upon our growth realized, with Cervantes, that "liberty is one of the most valuable blessings that has been bestowed upon human kind."

And now, the question arises, if liberty may not become license, and if we may not take warning by the words of Madame Roland, "O Liberty! Liberty! How many crimes are committed in thy name!" Madame Roland, you will remember, in the pursuit of equal rights for the people and liberty of thought and action, incited a revolution, which even she was not powerful enough to control, and which in the name of liberty became the veriest despotism which license—not liberty—could prosecute.

The corporation which to-day has reached out in its own sufficiency, endowed by the power of law, a legal individual and yet without individual responsibility, is the result of that article in our constitution which provides for the holding inviolable of contracts, and yet it may be well for us to recognize that no government ever grew out of a contract which "expressed or implied the surrender of liberty for the sake of order; it has grown out of the instinct of self-preservation and mutual preservation." Exactly as every government has grown out of instinctive and recognized self-preservation, so has every organization under the government, as, for instance, the corporation, grown out of the instinct of self-preservation, and it is but natural and proper that every corporation should use every measure, including medical measures, that may seem to the managers of said corporation best suited to their growth and protection. The so-called regular school of medicine is the dominant school of medicine in this country, has the best organized great body of any body in this country in the world. It is organized for mutual protection and support of its own. It is strong in every municipal circle, in every court and in every medical circle. What more natural than that the corporations should draw their men from an organization which is so strong that their own medical department, and hence their own corporation or business, may be protected in the courts because of the associate influence and organization of the school to which the representatives of their department belong?

And how have we any practical right to expect of the corporations employment or recognition, which we, in their places, would not give, unless we can thoroughly demonstrate to them an equal support in the many cases which are brought to the courts for jury or judicial consideration, or can demonstrate to them that our methods are so superior as to be money and time saving to their interests? When we demonstrate these conditions, or superiority, we have a reasonable right to expect that we will at least receive a respectful audience and moderate amount of recognition in the so-called private corporations.

In municipal corporations the demonstration of this to the public through such modern scientific methods as have been suggested by the organization of the institute for proving our remedies and for the study of clinical verifications under control conditions may and will lead us back, as it did in the earlier days when we were for a time, in my opinion, proportionately more powerful with the public than to-day, to the initial clause of the origin of government, of which municipal government is one, viz., that at the same time that our constitution holds inviolable the contract, nevertheless, as has been said, government is only a contract or compact for mutual protection, and it becomes a duty and will become a fact that in such conditions contracts may be cancelled unless both parties to the contract have kept it in spirit as in fact. And the public will demand that private corporations and municipal corporations shall at the same time that they preserve the contract given to them by their articles of incorporation also keep that part of the unwritten contract which must be a part of all contracts under the constitution of our country, which says, "The government of the United States shall promote the general welfare and secure the blessings of liberty"—not license—"to ourselves and our posterity," and public opinion is mightier than the sword, and is the seed which planted matures as the statutes.

Voltaire with his pessimism, Rousseau with his appeal to sentiment, reformed abuses, and if we are or shall become strong enough to merit the defence of public opinion, the reorganizer of the statute, we may rest assured that a Voltaire or a Rousseau will arise with pen so vigorous that we need not question as to the rights of our inheritance if we have not permitted environment to destroy or weaken that inheritance as given us.

Granting, then, that the corporation that reaches out for selfish financial protection in the courts as stated is to a great extent warranted in not giving to us any special recognition, whose fault is it that we are not to-day employed by corporations? Is it ours? I am free to assert that it is. Our responsibility is to our country and to the founders of our school. Calhoun says: "The very essence of a free government consists in considering offices as public trusts bestowed for the good of the country and not for the benefit of an individual or party." If this is true of office it is equally true of citizenship, and every citizenship is a matter of public trust, and if we are earnest believers in our school of medicine we have not been loyal to our trust, and we have not been good citizens. We received from Hahnemann and our earlier writers a law that in its imperfect elaboration was so far superior to other methods of practice then in use that we sprung almost immediately into prominence; yea, affluence. We flourished upon persecution. What we called then persecution was after all our pride and redounded to our universal good. Contented in our own sufficiency, we were unwilling to grant or recognize any accomplishment the result of scientific studies that might have been made by the regular school in the last twenty-five years, and we were inclined to change positions and to cry out against every new discovery, not on account of negative evidence but on account of its origin. If it came from the regular school it must be false, it must be bad. At the same time we rested on our oars, scarcely recognizing that the time for clinical verification had come, and that it must be done, not according to the methods of 100 years ago, but according to the definite, scientific methods of to-day. We forgot that even in the days of Epicetetus, the grand old stoic, he told us that "no great thing ever occurred suddenly, any more than a bunch of grapes or a fig. If you tell me that you desire a fig I assume you that there must be time. Let it first blossom, then bear fruit, then ripen."

Homœopathy under the law of similia has blossomed, it bore fruit, but it never has ripened to the full perfection and fruition of the noble fruit which it may become. Years ago Bacon destroyed the right to all human claims to infallibility when he becáme the father of inductive philosophy, and later, Kant, Diderot and Locke destroyed the assertivism of the imperial church by the doctrine that knowledge is not and can not be instantaneously and infallibly revealed, but must be deduced from experience, and as that turned the whole trend of thought and study in the psychological and spiritual world, so it has gradually brought the material and scientific world from an ultra-rational to a rational, from a hypothetical to a demonstrable fact, and we have not kept abreast of the times.

Rabelais said: "Shall he be able to rule over others that have not full power and command over himself?" Hence, how shall we seek recognition with the corporations, with the people, until we have full power and command over the best that is possible that may come to us from our inheritance, and which is just beginning to germinate and requires by us nurture and cultivation until the harvest comes? In our own self-sufficiency I can but be reminded of the life of Napoleon, of whom Lord Roseberry says: "The mind of man has not in it sufficient ballast to enable it to exercise or endure for long, supreme uncontrolled power. Or, to put in other words, the human frame is unequal to anything approaching imnipotence. All history, from the Cæsars onwards, teaches us this." Strong as was the intellect of Napoleon, it formed no exception to this rule." "He raised himself by the use, and ruined himself by the abuse, of superhuman faculties. He was wrecked by the extravagance of his own genius." We, too, for a time, seemed to have supreme power in the advancement of medicine. The genius of Hahnemann—not our genius—seemed to have floated us upon a tidal wave of prosperity. Roseberry adds of Napoleon: It is strange that jealousy, if jealousy it was, should enter into the composition of so rare a supremacy." And so, I fear, that there was for twenty years a sensitiveness almost partaking of a little jealousy, that weakened the union of our forces and forged a lever for our enemies, and which grew stronger and stronger until, and for many years, it has entered more largely than we might suppose into the question of Homœopathy and the corporations.

A large part of the corporate work of the medical profession applies to the surgeon, and it is sometimes believed by the medical profession that surgeons for the last fifteen or twenty years have become to a certain extent materialistic in their trend, that they have lost their faith in similia, that they have in the colleges not only failed to teach the homœopathic treatment for surgical cases and complications, but there has grown to be a twinkle in the eye when the Materia Medica department is mentioned. In other words, weakened thus because of belonging to the minority, having inherited the birthright of a homœopathic Alma Mater, they have sometimes destroyed the one claim which they have to corporate recognition by belittling the supremacy of the homœopathic law of cure.

The study of the human mind is a strange study, and the deeper we enter into psychology the more mysterious it seems, and how it should be possible to attain to that attitude of mind in which they would, driven from their own by ridicule of the dominant school, turn to the dominant school and a shame-faced seeking at its doors, drawn by the least bit of flattery and social recognition, is more than we can tell. And still this leaven has leavened the whole loaf, and even among the strong minds of our general practitioners there has been a dropping away and weakening of the faith and reachout to social and professional recognition, and the feeling that in order to attain this it is necessary to be bold enough and brave enough to laugh with the rest at ridicule of our own. When we mature men and women of mature minds are ashamed to own our own because it deals with the small things, when we should remember that the small things go to make up the great things, and that even in the other school of medicine there has been more accomplished in the study of small things, as, for instance, the germ theory, than in all the other lines in which the grand old school has made a great record.

Again, Roseberry says of Napoleon: "In the first period of his consulate he was an almost ideal ruler. He was firm, sagacious, far-seeing, energetic, just. He was, moreover, what is not of less importance, ready and anxious to learn." Ah, in the strength of our maturity let us see if we can not reach the ideal state in which Roseberry says Napoleon was at first, "sagacious, far-seeing, energetic, just." We have been disloyal to all of our inheritance, we have been disloyal to the public because in the lack of loyalty to the law of similia, we have deprived many of them of its use. We thrived on persecution, we have been weakened by cajolery. We have desired to walk with the men of science while we have failed to be scientific ourselves. We have allowed ourselves to be divided. While one faction said the other was visionary, the other said the first was materialistic. The fact is, the materialist of our school who believes in the law of similia and does not do his best to use it and conserve it after scientific methods is criminal in his relations to the present and to posterity. The man who is visionary and not bold enough to submit his claims to proofs and to present definite scientific means and methods is criminal in his relations to the present and to posterity. A man may be a good surgeon and he may be a good practitioner. The time has come when it is necessary that we should recognize these conditions and act, or the very strength of the past will only emphasize the weakness of the future. A few years ago the American Institute, through its united work and in response to a resolution first adopted by the Nebraska State Homœopathic Society, did the work that caused their general recognition by almost the entire life insurance world. To-day we are not as strong in the life insurance world as we were five years ago, and only in the last year has active work been done in certain places looking to the general removal of homœopathic examiners. This is only an example. Our weakness is our own fault if we, as a profession, possess the intellect and superior law of medicine which we have claimed, and if we develop this law of medicine boldly and after the modern scientific methods of the present day, we will not only do our duty to the world, but we will receive in return the recognition that always comes to those who perform well the duty that they owe not only to themselves but to the world. If we do not do this, the sooner we find that we have not a place in the world, that we have no right to ask for recognition, and permit ourselves to be absorbed by an organization which at least may teach us how to live, the better for the world.

On the other hand, it is not necessary that we in our desire for professional preferment and the loaves and fishes, should be so much men of one idea that we can not recognize and adopt every scientific attainment which comes from so thoroughly recognized and so hard working a profession as the profession of the regular school of medicine. The regular school of medicine have to-day greater respect for the most earnest worker and believer in Homœopathy than they have for the man who is neither the one nor the other, and they look to us to-day to define and give to them the therapeutics of the future. They see "as through a glass darkly," and still they strain their vision to look to us for light. Shall we fail them or shall we bring to them our truth perfected, that the union of two great and conscientious bodies of scientific men may be consummated, and that the world may not only reap from them the benefits of this but recognize in our work the unselfishness that should yield to our profession the honor that may be due?

To those general practitioners and students of Materia Medica who are of our body, I would say, "Weary not in well-doing, for verily I believe that your hands shall be upheld by the surgeon, by the gynæcologist, by the public." To the surgeon I would call to mind the earlier days of Homœopathy, when surgery was not known among us, and the days a little later when it was said that the Homœopaths were beginning to do surgery, and still a little latter, when homœopathic surgeons were sought, when we claimed for them supremacy, when their results were better than those of any other surgeon at that time prominent in public life. Was it because the homœopathic technique was better, that the fingers were more facile, that the eye was clearer and the judgment better? No. It was because of the work of one man,trained in the Middle West, by force of necessity as well as opportunity led to the metropolis of the East as well as of the world—New York City—a man who was a gentleman, a scholar and a scientist, and a man whose surgery was second to none in his day; one who was looked up to by the highest in the social, political and educational world; one who was true to his profession and gave his life to us, who lived us and whom we loved; one who dared to write in his work on surgery the homœopathic treatment of every condition in which medical relief might assist, or be helpful or necessary; one who lived to a good old age, who was loyal to his own to the last. Ah, how well I remember the last time I saw him, standing at the table in Brooklyn at the 50th anniversary of the New York Homœopathic Society, the toastmaster of the occasion. As he arose every eye was turned towards him, and there was a glistening in almost every eye, until methought I could almost see the moisture suggestive of the intense love that they bore for him; and how he bubbled over that night, as always with words of encouragement, words of affection and words of song. A great man, forever true, big enough, bold enough, brave enough to never forget to be loyal to his own, truly an example to us, of whom few will ever be as great—Dr. William Tod Helmuth.

Ah, when the time comes that we shall all be as true as was our friend, then shall the question be solved, for in our honesty shall come our strength, and in our strength shall be developed our science; in the development of our science shall rest the conversion of the public, and in the conversion of the public shall come to us every bit of recognition that we deserve in corporations, private or municipal, and that this may come to us, I am constrained to recall to you the words of Epicetetus, "Had we understanding thereof, would any other thing better beseem us than to hymn the Divine Being and to laud Him and rehearse His gracious deeds? These things it were fitting every man should sing, and to chant the greatest and divinest hymn for this, that He has given us the power to consider and observe His works, and a way wherein to walk. If I were a nightingale I would do after the manner of a nightingale; if a swan, after that of a swan. But now I am a reasoning creature, and it behooves me to sing the praise of God; this is my task, and this I do, and not as long as it is granted me will I ever abandon this post. And you, too, I summon to join me in the same song," the perfect development of the law of similia and the proud, glad avowal that I am a Homœopath.

HOMŒOPATHY IN THE NATIONAL GOVERNMENT.

BY J. B. GREGG CUSTIS, M. D., WASHINGTON, D. C.

Mr. Chairman:—I was not a little surprised when reading the program of this meeting to find that to the Bureau of Homœopathy, which was originally designed to present papers on the philosophy, or we might say institutes peculiar to the school of Homœopathy, was given the last hours of what is practically the last day of the session. If the Bureau will in the future confine its labors to the study of Homœopathics; or mark the scientific advancement; or emphasize the scientific verification of the truths of the law and the corollaries of the laws found in the Organon; or even record the additions made to them by the Solons of the school, I have no hesitation in affirming my belief that there are many practitioners, who, although they never attended a meeting of the American Institute, would gladly travel hundreds of miles to hear papers on these subjects, and to listen to the discussion of them by such men as always appear as speakers and disputants on the program offered by this Bureau.

The subject assigned to me for this year does not properly belong to this Bureau. This subject, as that of most of the subjects that appear on the card, belongs properly to the Interstate Committee, which, it is hoped, will become of more and more importance each suceeding year. Certainly the subject which we are now considering should be discussed at some time in every meeting of the Institute, and more time given to the consideration of questions of policy that should govern the school than has hitherto been given to them.

Your chairman has divided the question most happily, and, probably because of my residence at the National Capital, has invited me to speak of the relation of the general government to Homœopathy, or, if you prefer, the relation of Homœopathey to the National Government. The title, however, is not so important. It is more important that we understand our position as a school, and assure ourselves that we fulfill all our obligations to the National Government. Our revered President Lincoln, when told by the clergyman that he need have no anxiety, because in our civil conflict he was sure that the Lord was on our side, responded that that was not a cause of anxiety. If he were on the Lord's side he was content.

We, as a school, representing the doctrines of a man, who, possessed of the courage of his convictions, persecuted and driven from one country to another as the result of bigotry, superstition and mysticism, which characterized the mass of the profession at the same time, and we who find a home under a flag that gives liberty of thought and independence by reason of laws which are benign and equitable, should not primarily consider obligations of the government, but seek to fulfill our obligations to that power which has made it possible for us as an organized body to grow in knowledge and increase in strength. Not only that, but a government that has made it possible for every member of our school who possessed the proper qualifications to occupy positions in every walk of life along with any of the devotees of science in any of its branches.

The first and main question should be the relation of Homœopathy to the National Government, and then by what methods can we best fulfill our obligation and aid in making the United States, not only the greatest political power, and the greatest exponent of personal freedom, but also aid in putting it in the place which it is fast approaching, the center of knowledge and achievement in the practical treatment of disease in distinction from the specialties of those nations who by their studious habits and frugal lives are satisfied with but little compensation, to delve year after year in the pathological laboratories, there to study the short-lived germs, the synthetical products of chemistry and theoretical sanitation. While their additions to knowledge have been valuable, they have given little that has helped man in his personal life, and little which has aided him to avoid disease, against the results of which their efforts are put forth.

You may be surprised when I make the announcement from the seat of government that I find no real cause for complaint against the government on the part of the members of the school, whether we consider the legislative branch, the executive branch, or the medical corps of the army and the navy.

The Government of the United States represents forty-seven States, two territories, and three insular possessions, and we find among them twenty-six different sets of laws in which the school of Homœopathy is recognized in some way or other, either through separate examining boards, or in composite boards, in which there are representatives of the homœopathic school appointed by virtue of the organic acts which provide for the appointment of the boards.

Farther, by special acts of Congress the Government has recognized the school in the charter of the Homœopathic Medical Society of the District of Columbia; in the acceptance from the committee appointed by the American Institute of Homœopathy of the statue of Samuel Hahnemann, to which it assigned one of the most prominent and valuable sites in the capital of the nation, and it has authorized, with equal rights and privileges with the "regular" school, the appointment of a separate examining board, the president of which is a member of the Board of Supervisors of the District of Columbia, and it has by appropriations assisted in the building and maintenance of the National Homœopathic Hospital. There is nothing on record in the form of law, resolution, or anything that in any way betrays invidious distinction against graduates of homœopathic medical colleges in good and regular standing, or against licentiates of homœopathic boards of medical examiners. These facts give the true status of the school in the general government.

The question most frequently propounded to us in Washington is, "Why are you not represented in the army and navy?" We answer, "There are at least three recent graduates of homœopathic colleges who now hold commissions in the regular service, and a number of others have held positions of contract surgeons." All of these appointments were made after due examination. The possession of a diploma is requisite before a candidate is admitted, and, as far as I know no one has ever been regarded as disqualified by reason of the diploma which first gave him the privileges which belong to the practice of medicine when that diploma was issued by a homœopathic medical college in good and regular standing. I have heard of very few of our graduates who have applied for positions and failed to pass the required examinations; and in none of these cases could we consistently charge prejudice as the cause of failure. As to the army and navy, I believe we can say they are open to the graduates of any school who are sufficiently versed in all branches of medicine and surgery to meet the standard which is fixed by the representative men in the medical corps. The standard is none too high, and the specialties required not the most difficult. The fact is that a large percentage of successful candidates come from among the graduates of a school where the teaching is largely didactic. Our colleges claim that their graduates are skilled in all that pertains to the practice of medicine, and that the knowledge of Materia Medica and the application of drugs to the cure of disease, based upon their proving upon healthy people, which is the peculiar feature of Homœopathy, is added to the general knowledge of medicine. Our young men, therefore, have nothing to fear from either the law, the rules, or the prejudice which is supposed to exist against them, especially when we remember that the percentage of graduates of our institutions who fail to pass examinations before State boards of examiners lower by 6 3-10 per cent. than that of graduates of other schools. In view of this fact, our graduates need not be afraid that others are receiving a more liberal education than is given in the rival institutions of the cities where we have an opportunity to compare results. If the conclusions I have drawn be not true, our claims as to the standard of homœopathic practitioners are false, and the colleges are not giving the students the instruction which they promise in their curriculums of studies. We cannot and should not ask consideration in appointments by the Government because we are Homœopathists, though we have a right to ask a proportion of all appropriation for medical and sanitary purposes, because of the fact that out of the taxes that are collected a large percentage comes from the adherents of our school.

The case is a little different, where, because of grand army encampments, large gatherings, such as centennial celebrations, etc., physicians are required, or are expected to offer their services in order to fulfill the obligations of hospitality which belong to cities whose committees ask the privilege of entertaining such organizations, as above mentioned; or who reside in cities which are desirous of calling attention to their growth on a special anniversary, and consequently amuses itself with a world's fair, or a similar demonstration. In case of an epidemic, such as occasionally arises in certain sections of our country, we should demand for our graduates and licentiates all the privileges and rights that belong to the adherents of any other school, and should encourage them to demand for their patrons all of the advantages of charity or philanthropy that are offered without the qualification of acceptance of the service of representatives of a school of practice in which they do not believe. So also in cases where epidemics are of sufficient magnitude to require the Marine Hospital Service to take charge, our physicians should receive such emergency appointments as the necessity of the case and their qualifications may warrant. The Institute and all allied societies should be ready to aid and support them on these occasions. On ordinary local occasions my experience has been that the homœopathic societies were never proscribed because of modesty, and that the municipal authorities were always ready to listen to their requests and accept their offers of assistance whenever they were approached in a business-like manner, the fact being that in every community that has gained the proportion that justifies an invitation for an encampment or convention; or that can draw a crowd for a fair has, among the tax-paying clientele of the homœopathic physicians, many who because of their wealth, political influence or power, have sufficient influence to demand from mayor, council, commissioners, or executive boards all the recognition they desire, and all the opportunities for which they are willing to pay. We have no right to ask for offices unless the applicants can show a proficiency in medicine equal to that required of other candidates, and if any homœopathic physician is refused an appointment to a position where an examination is necessary, and claims that injustise has been done, an examination of the papers, which are always filed, should be demanded, and, if prejudice is shown, the attention of those higher in authority than the examiners should be called to it; I am sure that if such cases are followed up promptly, decided on their merits, and pursued in a business-like way, justice can be secured, and the personnel of any board showing prejudice can be changed without great difficulty. There are enough fair minded and impartial men in every community to fill the vacancies which are bound to occur when prejudice against our school is shown.

The real reason why we are not intimately connected with the National Government is because the number of our physicians is not sufficient to meet the demand for practitioners in the large cities of the country. Of course, there are a few favored educational and commercial centers where the number of homœopathic physicians is apparently in excess of the demand, but we do hear cries from the growing cities of the South more frequently than from and other section, sometimes from the West, and the plaintive sound is heard not infrequently from the towns and cities of the East who are proud of a population of more than twenty-five hundred. An active, general practice offers inducements to a young man far beyond those offered by the government. The government service appeals to the war-like spirit, which seems to characterize most of our young men who do not fully realize that the practice of medicine offers opportunities for an exhibition of courage as great as is required of the commissioned officers of the army and navy. All physicians are engaged in a warfare against the most insidious of enemies, and it requires no less courage to fight against the dangers of yellow fever, the typhus of the coast, the small-pox of the interior, or spinal meningitis which occasionally appears in epidemic form than is shown by the man who walks the deck of a vessel bearing the flag which represents such a government as we have at Washington.

The principal reason which prompts recent graduates to apply for positions in the army, the navy or the Marine Hospital Service is that it offers a livelihood in the beginning of their practice, a competency in middle life and a certainty of support in old age; and investigation shows that but few who receive those appointments attain to prominence in their profession, as their practice is, for the most part, restricted to the ailments and accidents which belong to one sex, and in time of peace to those diseases that are peculiar to the life of the soldier and sailor. Of course, there are here and there exceptions to this rule, as some of the officers of the three branches of the government service just mentioned have attained enviable positions in the profession; but the number is not sufficiently large to raise the percentage to a point which invites men of ambition, and of that independence of thought which belongs to the adherents of the school of Homœopathy.

We should not make greater demands upon the National Government for recognition in appointments in the several branches of the service until we are ready to fill our quota of such appointments. There is no pressing need for men in these departments, and the demand is not apparent to any great degree except on the part of the families of the officers of the army and the navy who are located at posts in the immediate vicinity of the large cities, or at the navy yards of the country. They receive the courtesy of medical treatment, and feel that there should be some choice as to the character of treatment received. In fact, many of the officers of both branches of the service do employ physicians of our school, thereby waiving the privilege of free attendance in order to avail themselves of the more benign methods of the Homœopathist. Our certificates are recognized by the government, and our advice given due consideration by the boards who have authority to grant leaves of absence, or special service. Possibly by combined effort on the part of those wishing homœopathic physicians they could have practitioners of our school designated at the posts and in the navy yards who could furnish the treatment desired, and receive compensation from the government funds in proportion to the services rendered. This is of more importance to those asking these favors than it is to the practitioners of our school.

We believe that we have fairly stated the relation of our school to the National Government, and of the National Government to our school, and in addition have given the results of our experience and observation so plainly that it is only necessary to arouse the latent energies of the members of the American Institute who are present, and of the Homœopaths who follow the proceedings of this organization. As a school we have been too much absorbed by the daily demands upon our strength, possibly too much absorbed in our efforts to fully comprehend the possibilities of our system of practice to realize the obligations which we owe to the profession, to our fellow men, and to our country; too much absorbed to realize the debt that we owe to the advantages, the privileges and the successes which we have enjoyed, and which we cannot expect to continue to enjoy unless we give some proportion of our efforts to the propagandism of the system to which we are pledged, and to which we are so largely indebted. I ask, then, how can we meet this demand for homœopathic practitioners, and how can we be prepared in case of war or epidemic to give the blessings of the homœopathic methods to those who are ready to sacrifice their lives and the comfort of their families for our safety, or to those of our fellow men who are afflicted without any fault of their own? The only rational answer to this question is, we should use every possible effort to increase the number of conscientious and fully equipped practitioners of Homœopathy; we should be in evidence at all meetings in the towns and cities in which we reside and where the advice of medical men is of value, and we should join boards of trade or any other organization that has the welfare and growth of the community in which we practice at heart, so that by being brought into contact with all classes of people it can be generally known that a knowledge of Homœopathy, with the practice of medicine in accordance with its teachings, makes the advice of the physician more valuable than it could otherwise be; and that we should recommend that all those who come to us for advice as to where to study medicine should be advised to seek their medical education in homœopathic colleges. This advice is for the rank and file of the profession. It is self-evident that we need homœopathic physicians. The liberality which has lately been shown by the "old" school, the nihilism as to therapeutic measures that is prominent in all their teachings; the cry for union and the hope of its early accomplishment give us but little encouragement that our ranks will be increased by conversion; consequently our only hope is that the number of graduates from our colleges may become large enough to meet the demand which we have already shown exists throughout our States, territories, and insular possessions. This brings me to the part of the subject which I approach without pleasure, I can assure you. I believe that the fault which the colleges ascribe to the general practitioner in not showing sufficient enthusiasm towards the institutions, in not insisting that the students should spend the whole time to be devoted to the study of medicine before a diploma is received, in homœopathic colleges, resides, in a great part at least, in the governing boards of the colleges themselves. We have already learned from the reports of the Intercollegiate Committee and of the Interstate Committee that the number of students in colleges that bear the name of homœopathic has decreased, if not in a greater proportion, at least in the same proportion that the number of students in other colleges has decreased. If this be true, there must be fault either in the colleges themselves or in the alumni of the colleges. I will not, and there is no one in this room who will admit for a minute that there is one reason apparent, or that has ever been advanced to doubt the advantages of the method of practice represented by the men assembled here. We know that we possess the only method of therapeutics that has stood the test of one hundred and fifty years: we know that there is not one remedy, the characteristics of which have been made plain by its proving upon healthy people, that has had to be taken from our Materia Medica because of doubt thrown upon its efficacy when applied according to the law which gives the only standard by which we can judge of the efficacy of remedies adapted to the cure of disease. Consequently, we represent the only school that does not need to experiment upon the sick; the only school which to-day shows faith in therapeutic force and in remedial agents for the cure of the sick, and the only school which gives hope for the advancement of therapeutic science in the future. Where, then, is the fault? Not in the practitioners. It must be in the colleges. The examining boards report that applicants possessing diplomas from homœopathic institutions fail to receive their licenses to a percentage less than 6¼ of those holding diplomas from the self-styled "regular" school, and yet we do not grow in proportion to our expectations. The title of this paper possibly does not justify me in giving reasons, and possibly no one has asked for them, but without fear of contradiction lay the blame upon the colleges themselves. After much inquiry, and not a little experience with recent graduates, I do affirm that the colleges which draw students because they claim to be homœopathic institutions, even though they give the required time to the study and teaching of Materia Medica; even though in later years they have used special efforts to magnify the chair devoted to the teaching of Materia Medica, do not arouse sufficient enthusiasm among their students. In fact, they do not give sufficient time to the proving of the advantages which we possess over the rival school; nor do they aid in the propogandism of Homœopathy. The governing faculties, or those occupying chairs of Materia Medica, allow the professors who fill the chairs of practice a license in teaching therapeutics which for some reason, know not what, other than the fact that these teachers possess that meretricious personal influence over the students, which, unchecked, leads to skepticism, mongrelism, or scientific syncophancy. Why such influence should characterize the occupants of the chairs of practice so generally as it does, or why a good presence merely should be characteristic of the professor who occupies that chair, know not; but certainly in the majority of the colleges which I have investigated, with but two or three exceptions, the professors who occupy the chairs of practice are allowed liberties that should not be tolerated in institutions which invite students to their benches. They should undoubtedly teach the methods used by all schools of practice, but they should not recommend routine specifics or empirical prescribing, nor should they reflect in any way upon the methods approved and taught by the chair of Materia Medica.

It is claimed by Dr. Patton, of Princeton, that the teaching of the chairs of philosophy in colleges is responsible for the decrease of the number of theological students, meaning thereby that so much of the skepticism now prevailing, and the so-called higher criticism with its disregard for the essentials of Christianity, so impresses the young men of the day that they choose other professions rather than that for which they are prepared by theological seminaries. The analogy to our own profession is exact. The chairs of practice do inculcate skepticism; they do so because of their efforts to magnify scientific attainments, and thus ignore the essentials which must mark the practicing physician who enters upon the study of medicine from the right motive, and who realizes that the cure of disease is the ultimate end of the four years' study which is now made obligatory upon all students of medicine.

You cannot attract students unless you, in fact, and not in theory, offer courses of homœopathic therapeutics, pure homœopathic therapeutics, unadulterated by chemical, physiological or psychological therapeutics. Such lectures and essays as are now indulged in by many professors of general practice, and, in some instances, by those occupying the chairs representing the specialties of medicine, sow the seeds of indolence, tempt members of our profession to spend much of their time in the slums of commercialism, and lower the standard of medical ethics which has been recognized as our inheritance as sons of Hippocrates. While I may have spoken with some vehemence, and while I may have hewn close to the line, it must be admitted that our growth as a school depends upon the purity of our teaching, and also on the acknowledgment by our students of the institutes of Homœopathy, of the necessity for the fulfilling of our obligations to the public. Our position in society, in institutions so generously furnished by the philanthropists of the country, and, in fact, our patriotism, will ultimately be tried by our loyalty to the law, by virtue of which we owe our existence.

THE PROPAGANDISM OF HOMŒOPATHY IN THE WORLD OF SCIENCE.

BY PEMBERTON DUDLEY, M. D., OF PHILADELPHIA.

Whether this subject should be considered with reference to its history, its basis, its methods, or its results, is not fully indicated by the title as above assigned, and may have been intentionally left as an open question by those having this discussion in charge. To treat of all these relations of the subject would require not an essay but a volume. The history of the homœopathic propaganda is almost the history of Homœopathy itself. Conversely, the history of Homœopathy is largely the story of the efforts and sacrifices that have been made by men and women to bring the blessing of Homœopathy to the homes and the sick chambers of mankind. This history is already well written, and it is, therefore, needless to take up this part of the subject in the present essay. Equally unnecessary is it to consider anew the results of these efforts.

But the basis and the methods of this propagandism in the scientific world are, and must be of commanding interest to this national society of physicians, for it cannot be doubted that the medical profession claims for itself this distinction, that all of its methods of research, and all of its applications of knowledge are guided, and all of its results determined by known principles of natural science.

Now, it does not matter whether these assertions of scientific quality, as applied to professional doctrines and practice, are well based or not, yet so long as such claims are held and believed, so long will the general profession exact of Homœopathy the ability to withstand every ordeal to which science can subject it. If we have read medical history aright, we have seen that the most vigorous antagonism has sprung from a real disbelief in its doctrines, methods and agents; the first is considered illogical, the second paradoxical, the third moonshine. If the whole allopathic conception of Homœopathy should be expressed in one word, that word would be "irrational." Unless we, as Homœopaths, can, unless we do, overcome this misconception we shall make little progress in propagating Homœopathy among scientific people, or among those who arrogate to themselves the title of "scientific." This task must be preceded by convincing the medical profession, generally, and more than all, by convincing ourselves thoroughly, that while scientific medicine is always rational, the "rational medicine" of history has usually been anything but scientific.

We recall Hippocrates, the "Father of Rational Medicine," yet, if Hippocrates were among us today, teaching his doctrine of the "four humors," and treating his "humoral diseases" with his humoral remedies, he would be denounced as an irrational humbug. When men believed that epidemics were sent upon humanity by offended deities, who could be appeased by human sacrifices, what more "rational" than that their children should be offered in propitiation. If you and I should believe that disease is a mere figment of the imagination and that it could be corrected by overcoming the mental delusion, it would be perfectly "rational" that we should all adopt the practice of the Christian scientists. Thus we see, in order that "rational medicine" should be scientific, two things are necessary: first, that the basis of our rational process should consist, not of speculations, but of actual and substantial facts, and secondly (our basis being composed of substantial facts), that the "rational" superstructure erected thereon should be absolutely logical and correct. Then, and then only, will "rational" medicine be also scientific.

Judged by this double standard, very little of the so-called "rational" practice, either of past ages or of the present time, can be considered scientific; most of it being faulty, either as to its basis facts, or its superstructural rationale, or both. Little wonder that such practice is so evanescent and changeful. Still less that it is inefficient and unsuccessful. It must be remembered, too, that it is the self-styled "scientific" portion of the profession that assumes to sit in judgment upon the doctrines and practice of the other portion.

Hahnemann has well expressed his estimate of "rationalism" in medicine in the preface to the second edition of the Organon, where he defines medicine as "a pure science of experience like physics and chemistry;" he claims that it "can and must rest on clear facts and sensible phenomena; for all the subjects it has to deal with are clearly cognizable by the senses through experience. Knowledge of the disease to be treated, knowledge of the effects of the medicine, and how the ascertained effects of the medicines are to be employed for the removal of diseases, all this is taught adequately by experience, and by experience alone. Its subjects can only be derived from pure experiences and observations, and it dare not take a single step out of the sphere of pure, well-observed experience and experiment, if it would avoid becoming a nullity and a farce." Such is Hahnemann's negative view of rationalism in medicine. Now let us see what he has to say on the positive side.

"Unaided reason can know nothing of itself (a priori), can evolve out of itself alone no conception of the nature of things, of cause and effects; its conclusions about the actual must always be based upon sensible perceptions, facts and experiences, if it would elicit truth. If in its operation it should deviate by a single step from the guidance of perception, it would lose itself in the illimitable region of phantasy and of arbitrary speculation, the mother of pernicious illusion and of absolute nullity.

"Such has hitherto been the splendid juggling of so-called theoretical medicine, in which a priori conceptions and speculative subtleties only showed things which could not be known and which were of no use for the cure of disease.

"In the pure sciences of experience, in physics, chemistry, and medicine, merely speculative reason can consequently have no voice; there, when it acts alone, it degenerates into empty speculation and phantasy, and produces only hazardous hypotheses, which are, and by their very nature must be, self-deceptive and falsehood."

Thus, according to Hahnemann, whatever accusations of a lack of science can be brought against the doctrines and practice of Homœopathists, can be turned against our accusers with full force, and in our efforts to promulgate Homœopathy among scientific people and allopathic physicians, this mode of warfare should be used to the utmost.

But first, what of ourselves as "rational" physicians? Josh Billings says, "That to train up a child in the way he should go, it is well for the old man to walk that way himself." If we wish to train allopathic physicians and scientists in the ways of scientific medicine, we should take care that we ourselves are walking in the straight paths of science. Rationalism is as unscientific in the practice of Homœopathy as in that of an allopath, and far less excusable. It is after all but another name for plausibility, and when it seeks, as it usually does to invent pathological pretexts for therapeutic delinquencies, it cannot be too emphatically condemned.

Homœopathists have always been eager to proclaim every observation and discovery that might serve to illustrate or demonstrate the potency of minute doses. And to do so is wise. But the successful practice of medicine with infinitesimal doses of drugs is not the only foundation of the homœopathic art. Indeed it is by no means its most essential support.

The scientific characteristics of Homœopathy are essential and foundational. Its founder insisted that medicine is experimental, that it depends upon observation: experimentation and classification; like chemistry and the various departments of physics. In any physical science, "mere hypothesis," as Hahnemann well said, "has no voice." And can lead only to delusion and failure. There are certain facts and conclusions inseparable from this premise which we will do well to note and remember, better still to teach and practice:

First, That only what we absolutely know can be made the basis of any scientific cure of disease.

Second. That only what we know of the properties of drugs can be useful to us in our attempts to cure disease.

Third, That our absolute knowledge of disease is absolutely limited to our "intuitive" or sensorial observation of its symptoms or manifestations. It never includes our human interpretation of these symptoms.

Fourth, That our absolute knowledge of the pathogenetic and curative properties of drugs can be obtained from observations of their effect upon the standard (healthy) body and in no other possible way.

Fifth, That multitudes of observations of the bodily organism under the influence of disease and of drugs, prove beyond question, that the human body, even in the active presence of so variable and changeful an agent as disease, corroborates the old aphorism of physical science, that "like causes, under like circumstances, produce like effects," and demonstrates that the human organism under the influence of disease, is still amenable to natural physical law.

Sixth, That careful and extensive series of observations have so demonstrated, in multitudes of undoubted cures, that these cures exhibit a marked uniformity in the manner and conditions of their occurrence, and are associated with marked similarity between the symptoms of the disease cured and the symptoms producible in a standard human body by the drug to whose influence the cure was ascribed.

Seventh, That these experiments and observations have sufficiently proved that the art of therapeutics rests upon a scientific basis, and that therapeutic research is governed, like all other investigation of natural phenomena, by the principles of the Baconian philosophy.

Eighth, That to one familiar with investigations in the various fields of nature, the belief in more than one law of cure, is as difficult as is a belief in more than one law of gravitation.

If we believe these things, happy and successful propagators of Homœopathy will we be, if, in the presence of the scientific world we fearlessly teach and faithfully practice them.

In the opinion of the writer, the two most effective hindrances to the propagation of Homœopathy among people of scientific tendency, are to be found in the two most absurd inconsistencies of certain of its practitioners, polypharmacy and rationalism. The first indicates a lack of intelligence or belief or both, the second takes from medicine its character as an experimental science, and leaves it again a mere system of guesses, and speculations, and dreams, "Welded into scholastic forms, a manufactured article, a thing opposed to nature and experience, a pure nullity, a pitiable self-deception, eminently fitted to imperil human life." So speaks Hahnemann of rational medicine; to this his disciples may add, that it is the foundation and pretext of nearly all forms of modern quackery.

HOMŒOPATHY IN PUBLIC INSTITUTIONS.

BY CHAS. E. WALTON, M. D., CINCINNATI, O.

How to get in? How to stay in?

These are the two questions to be answered in this paper. One word will answer them both. Politics. Not Republican, not Democratic, not Socialistic politics, but politics as applied to all parties.

Our public institutions are managed by a board generally appointed by the governor of the State or the mayor of a city. The medical complexion of an institution is controlled by the board. Sometimes the legislature of the State, or the council of the city, determine the matter. In any event, it is a question of politics. The question of the greatest good to the greatest number, or the question of economy is not necessarily involved. These are usually quite subsidary to that of expediency, another name for practical politics. How many votes will be controlled by such and such an act, is too frequently the determining motive. It is not always a question of right and justice, but of party perpetuity. If this is true we must adopt political methods. Organize a bureau of homœopathic politics whose duty will be to determine how many voters employ homœopathic physicians, and what proportion of taxes they pay. This would form a basis of an appeal to governing bodies whose sense of justice might lead to a recognition of the claims made. Some such methods have been successfully employed in securing representations on examining boards. Superiority of practice and economy of administration, as shown by reliable statistics, ought to strengthen the appeal, but the testimony might be looked upon as purely exparte, and thus fail of receiving the attention it deserves.

Homœopathy is already established in thirty general hospitals where both schools of practice are represented. In twelve special and private hospitals where both schools are represented. In fifty-nine institutions exclusively. In nine institutions where both schools are represented.

This ought to furnish a basis of comparative worth. The propagandism of Homœopathy in public institutions must be a part of a similar movement applied to the National Government, to corporations, to the scientific world, to universities, to the attraction of patients and students.

PROPAGANDISM OF HOMŒOPATHY IN UNIVERSITIES.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

There are in the United States twenty States, namely: Alabama, Arkansas, California, Colorado, Georgia, Illinois, Iowa, Kansas, Maryland, Michigan, Minnesota, Missouri, Nebraska, North Carolina, Oregon, Pennsylvania, Tennessee, Texas, Vermont, and Virginia which have state universities receiving more or less support from the State treasury, and some of them additional government support, in which are departments of medicine and surgery.

Of these State institutions but three, Michigan, Iowa and Minnesota have homœopathic departments.

According to the report of the National Bureau of Education for 1902 (the latest one published), these States graduated in 1902 students in medicine as follows: Alabama, 13; Arkansas, 11; California, 24; Colorado, 13; Georgia, 47; Illinois, 222; Iowa, 40; Kansas, 27; Maryland, 76; Michigan, 82; Minnesota, 61; Missouri, 0; Nebraska, 38; North Carolina, 0; Oregon, 20; Pennsylvania, 151; Tennessee, 16; Texas, 16; Vermont, 32, and Virginia, 8. Total, 879.

The three state homœopathic departments graduated a proportionate number of homœopathic physicians.

The proposition and contention that there should be no taxation without representation was one of the foundation stones of this governemnt, and one our forefathers fought for. Therefore, the first question naturally arises, why are the taxpayers in these several States required to contribute to the support of medical institutions in which is taught only a system of medicine in which they do not believe, and one that in the exercise of their rights as citizens they do not employ in their families?

When it is recognized that the patrons of Homœopathy, belonging as they do, to the wealthy and cultured class largely, contribute a high percentage of the taxes of each of these States, the force of the inquiry is doubled.

Let us briefly review the conditions as they exist in these States, and see, if we can, why they are supporting institutions that teach medicine to the exclusion of Homœopathy. Let us discuss this question and see if in some, if not all States, there is not some remedy therefor. Having done this we will turn our attention to those universities that are not supported by public funds and see if even in these there is a justifiable excuse for excluding Homœopathy from the medical curriculum.

Before proceeding to this, there are two remarks that I wish to make that there may be no misunderstanding among those who are to follow in the discussion of this paper. First, There may possibly be conditions in these States with which the writer is not familiar, it may be that some of the statements here made may need modification; if such be the case it will add to the value of the discussion if some of the members from these States, and there are many present, would give us further light on the subject. Second, I would not be understood as being an advocate of any university affiliation, or any other affiliation, unless it could be brought about in the best way to conserve the interest of Homœopathy. In fact, I am not at all sure but that in some cases university affiliation would be the worst thing that could happen to the cause of Homœopathy. I do believe, however, that if an affiliation can be brought about which will give us what we should have it would be the saving of our teaching institutions. Let us, therefore, proceed.

Alabama.

The University of Alabama is located at Tuscaloosa. It has a medical department in Mobile. It is a small university, but it receives $10,000 from the State. 130 students were graduated therefrom in 1902. In its announcement we find that credit is given to students coming to them from homœopathic schools, which we believe is in antagonism to the new ruling of the American Medical Association. Our numbers in Alabama are small, but we have good men there, and doubtless in the cities of Mobile, Birmingham and Montgomery there are many wealthy patrons of our school. Why should we look upon the graduation of 130 allopathic physicians annually, contribute, therefor, and be self-satisfied? We are inclined to believe that even in Alabama a concerted action would be productive of at least an agitation for good.

Arkansas.

Here the State University is located at Fayetteville with its medical department in Little Rock. The State provides by legislative enactment for its maintenance, or by the sale of public lands, which amounts to the same thing. We have good men in Arkansas, no State has better, and some are members of this Institute. Can nothing be done in Arkansas? The announcements in this university, as well as in those of several other States here mentioned, state that the requirements for matriculation are such as are "prescribed by the American Medical Association." Why not have the American Institute of Homœopathy prescribe some requirements, it is the older body?

California.

The university is at Berkeley and the medical department is in San Francisco. Between two and three hundred thousand dollars are appropriated from the State treasury for its support, of which the medical department receives its quota. Homœopathy is very strong in California; we have a fine college there in San Francisco, and only a few weeks ago the corner stone laid for a magnificent new hospital, on the occasion of which, the chief address was made by the mayor of San Francisco, who spoke upon "Homœopathy in Hospitals." We should have a full faculty in this university, we missed getting it by a narrow margin once, but it is a historical fact that we can get almost any recognition from the legislature of that progressive State by persistent effort. We believe there is energy enough in California to succeed in affiliating our college there with the university.

Colorado.

In this State the university with its medical department is located at Boulder. We have a college in Denver doing good work. We have wealthy patrons there, and many are continually being sent from eastern territory. We do not know the conditions fully, but we believe success would crown the efforts to secure practical affiliation with the university. $1,000,000 annually is paid from the treasury and, some of this goes to teach medicine as prescribed by the American Medical Association.

Illinois.

Its university it at Urbana and its medical department in Chcago. It is liberally supplied by State appropriation. Over a half million dollars is spent annually. Illinois is our strongest homœopathic State. It has more homœopathic physicians, more members of this Institute and more homœopathic patrons than any other State in the Union. It has representatives of our school on boards of health and in institutions all over the State. We have heard it rumored that there was a prospect of the great college now located in this city becoming a part of the State University. We have heard also, but we cannot vouch for its correctness, that there was danger of failure because the university had made an agreement to have only one medical department when they took on a private institution as their medical part. We do not believe this will prove a valid agreement, provided it is so. Can a State institution make a copartnership agreement of this nature with a private concern? We believe that if the homœopathic physicians and patrons of this great Commonwealth would put their shoulders to the wheel, the legislature would see the force of the movement. We have something to give the State here in return for its recognition and care. We should not cease our efforts until the end is accomplished.

Georgia.

The university is at Athens and the medical department at Augusta. The South is developing rapidly, and no State more so than Georgia. There should be some reason why our patrons in that State contribute to the education of forty-seven allopaths yearly to the exclusion of Homœopathy.

Indiana.

The University of Indiana has no medical department, nor has Purdue. Both of these universities receive State support in the way of a mill tax. It will pay our Indiana brethren to be watchful.

Kansas.

Both the university and medical department are at Lawrence. It receives State aid, and we should have representation there. Our Kansas brethren are strong, and should rise in their might and set afoot a campaign to secure it.

North Carolina.

The university at Chapel Hill has a medical department. We cannot hope for much in this State. Our numbers are few. An endeavor should be made if only to uphold the principle.

Ohio.

There is as yet no medical department in the University of Ohio. Old school circles are agitating the question. We have good men on watch there and we can rest secure in the belief that when a medical department is started in its University, Homœopathy will be recognized.

Oregon.

State University at Eugene, medical department at Portland. Homœopathy is strong and tolerably well represented throughout the state. We should have chairs in the University.

Tennessee.

University at Knoxville and medical department at Nashville. In both places Homœopathy is well represented. Agitation will serve a good purpose if success is not obtained.

Texas.

University at Austin and medical department at Galveston. We know of no State where more good could be done by a persistent and continued effort to secure rights for our system than in Texas. In former times we were successful in obtaining concessions, and the future for the State is bright. We must not be left.

Pennsylvania.

The University of Pennsylvania occupies an anomalous position. It is apparently not a State institution, but we find in its treasurer's report that some money is received from the State. Whether this is in the nature of a charity for hospital purposes or whether some is devoted to education, we are unable to determine. If the latter, we should have our rights therein. We presume our Pennsylvania brethren can enlighten us on this subject as well as to the desirability of an affiliation.

Vermont.

The university with its medical department is located at Burlington. Homœopathy is strong and well represented in the State, the best people employ it. A charter was once obtained from the Vermont Legislature for a homœopathic college in the State.

Virginia.

Has its medical department at Charlottesville, the home of its university, and homœopathic chairs therein would do much to spread our doctrine in that Commonwealth.

While these are the only State universities having medical departments to the exclusion of Homœopathy, it is not unlikely that from time to time medical departments will be added to others, and it is in these States that opposition should be made to the scheme if the ignoring of Homœopathy is proposed. We have strong departments in the universities of Michigan, Iowa and Minnesota. We have had a chair voted us in the University of Missouri, and there is also an appropriation with it for the support of the same. It is the opinion of the writer that a thorough organization of our forces is necessary to successfully carry on this work. If each State would make a united effort the result would be far-reaching.

However, we should not stop short at State universities. In these we can demand our rights. There are other universities and colleges having medical departments. To reach these no less organized effort is necessary, but instead of in a legislative way, we must reach these by educational efforts. We must show that the teaching of medicine with Homœopathy left out is like the teaching of Christianity leaving out the Messiah.

The great reformation in medicine was due to Samuel Hahnemann and Homœopathy. We must show such universities as Harvard, Yale, Pennsylvania, Johns Hopkins, Dartmouth, Cornell, Columbia, and others in the East, the Western Reserve, Cincinnati, Chicago and others in the West, that to omit Homœopathy from a medical curriculum is contrary to the very idea of a university, that the people expect that our system will be recognized, and that a refusal to admit us—and we have been refused even in institutions endowed by those who employ only homœopathic physicians in their families—is an act of bigotry and intolerance worthy of the days of Salem witchcraft.

Let us unite. Let us inaugurate a vigorous campaign all over the country.

THE PROPAGANDISM OF HOMŒOPATHY IN THE ATTRACTION OF PATIENTS.

BY H. C. ALLEN, M. D., CHICAGO, ILL.

The final test, the court of last resort, whether in the scientific world in the mechanical arts, or the forum of professional endeavor, is success. The practical touchstone of every great discovery in the world's history that has tended to elevate humanity, relieve its sufferings, or cure its ailments, has been measured by its success. Failure or success has strewn the pathway of every system of medicine that thus far has marked the stage of human effort; yet there is nothing succeeds like success, and this it is which is the attraction of patients to the homœopathic system.

Hahnemann says: "The physician's high and only mission is to restore the sick to health, to cure." This truism, old yet ever new, is as true to-day as when it was written. Patients seek the physician when they are sick, and the simple objective, the end in view for which they seek his services, is to be restored to health. The restoration of health, a genuine cure, not a simple recovery, is what attracts the patient. It is what the system has done for me or my friend that causes me to employ it and to recommend others. It is the cures it has made, the lives it has saved, that marks the therapeutic pathway of the homœopathic healing art for the last century. Often it has been the cure of those pronounced incurable under other systems of medicine that has attracted the attention of the people. And this is equally true in the rapidly fatal epidemics of Asiatic cholera, yellow fever and the bubonic plague, or in the slow but sure progress of that fateful disease, the great white plague.

When Asiatic cholera first approached Eastern Europe, it was the success of the homœopathic remedies, Camphor, Veratrum and Cuprum, as formulated by Hahnemann, before he had ever seen a case of cholera, that first attracted the attention not only of individual patients, but of all the nations of Europe, because of the thousands of lives which its simple treatment had saved.

When this scourge first made its appearance in Moravia, in 1831, Dr. Gerstel, of Vienna, and Dr. Quinn, a distinguished practitioner of London, treated hundreds of patients during the epidemic with a lower mortality than ever before known.

In 1836 cholera visited Vienna a second time. The practice of Homœopathy was at that time forbidden in Austria, but its results in the small hospital opened for homœopathic treatment,as reported by Dr. Wild, a distinguished ophthalmic surgeon of Dublin, but no friend to Homœopathy, states that two-thirds of those treated by Dr. Fleischmann recovered, while two-thirds of those treated by the ordinary methods in other hospitals died. It was this result that led the Minister of the Interior to repeal the law relative to the practice of Homœopathy. Its success during this epidemic is an eternal monument to Homœopathy, and its practice has been sanctioned by law in Austria ever since.

The same success that marked these earlier conquests over the Asiatic scourge has held good to the present day in all other epidemics of every name or nature.

The wonderful results during the cholera epidemic in Cincinnati in 1849 and 1850, where Drs. Pulte and Ehrmann treated over 1,100 cases with a loss of 3 per cent., while during the same epidemic our colleagues of other schools, with their palliative therapeutics, met a mortality of 59 per cent., served to attract patients for all other ailments, and firmly established the system.

Later still, in Naples, in 1854, Dr. Rubini treated 705 cases with a loss of only three patients, while the allopathic mortality all around him was over fifty per cent. It is such results as these in the most acute and fatal epidemics that attract the attention of the people and lead patients to investigate the scientific methods of our practice.

Dr. J. M. Majumdar, of Calcutta, in a recent letter states the wonderful success that our remedies have given in the treatment of bubonic plague. He says that Baptisia, Bryonia, Rhus, Phytolacca, Pyrogen, Malandrinnum, and others, have enabled him to cure nearly every case to which he has been called. It is the cure of the bubonic plague and Asiatic cholera in India that has attracted thousands of patients to the homœopathic standard.

In 1796 Hahnemann made a wonderful cure of the insane Chancellor Klokenbring, of Hanover. (See lesser writings, page 243.)

"He was a man who in his days of health attracted the admiration of the larger portion of Germany by his practical talents for business, and his profound sagacity, and also his knowledge of ancient and modern lore and his acquirements in various branches of science.

In the winter of 1791 and 1792 the most fearful, furious madness burst forth, and for half a year completely baffled the most assiduous treatment of one of the greatest physicians of our day, Dr. Wichman, physician of the Hanoverian Court. He was brought to Hahnemann towards the end of June, 1792, furiously insane, accompanied by strong keepers, and under the benign treatment of Homœopathy, directed by Hahnemann, completely restored to health and the service of his country."

So clear and masterly a description of a case of insanity as this of Klokenbring is rarely found in modern medical literature; and so brilliant a cure of an abandoned case is also rarely met with. The cure of this patient caused Homœopathy to be recognized in Hanover, and thousands of patients were induced to employ homœopathic physicians wherever found. It is the cure of similar cases that have been abandoned as incurable—and they have occurred in the practice of nearly every homœopathic physician present—that has been the strongest attraction in the propagation of Homœopathy.

Some years ago we were called in a peculiar manner to see a case of post-scarlatinal nephritis, that had been pronounced incurable by four of the ablest physicians of this city. The patient was an only daughter of sixteen, who had been working hard in high school, when attacked with scarlet fever. It was a malignant case, and ran its dubious course unchecked or unmodified by medical treatment ending in acute interstitial nephritis. The physicians informed the parents that the patient could not live twenty-four hours. The mother telegraphed her sister in Wheeling, W. Va., that her daughter was dying, and asked her to come to her aid. The sister met her physician, Dr. Rhees, on the street, informed him of the sad message, and asked his advice. He recommended the family to call a homœopathic physician, and mentioned my name as one of the few homœopathic physicians of Chicago whom he knew, and I was consequently summoned. The patient was conscious, but dropsical from head to feet. Every cavity of the body, chest pericardium, abdomen, as well as all the cellular tissue, filled with fluid. For several days not more than a teaspoonful of urine, which was nearly solid albumin, had been passed in twenty-four hours; in the face, effusion first involved the upper eyelids, then closed the eyes, the orbital socket being completely filled, the points of the eyelashes just protruding like a dark streak through the middle. No pulse beat could be found, although the heart beat was distinct and very rapid. From the enormous œdema, the scanty albuminous urine, the first indications of dropsical condition on the upper eyelids, the dry, parched tongue, and the character of the delirium during the fever, we gave Kali carbonicum with marked improvement for forty-eight hours, when we were hastily summoned in the afternoon, as they thought the patient dying. The breathing was stertorous, the extremities, nose and ears cold, respiration 60, pulse not distinguishable, and the case certainly looked desperate, when Opium revolutionized the whole picture within twenty-four hours. The stertorous respiration soon ceased, a warm perspiration broke out, and the patient went on through a rapid and uneventful recovery. She is now one of the belles of Chicago. In this part of the city there was no homœopathic physician at that time. I recommended one to locate there, and two now in that neighborhood are the recipients of a large practice. Every physician here perhaps can point to similar cures with similar results.

The cures of Homœopathy are the attractions of the patient. "By their fruits shall ye know them." No better rule can be given, and I know of no better attraction than the cure of the patient.

"Die Milde Macht Ist Gross" is now and has ever been an attraction to the patient. Many a mother has become a convert to the mild yet potent and effective sway of the similar by the palatable dose. And from this the gradation has been easy to a trial, for it is not a difficult problem to comprehend that an adult is only a child grown up, with the same animal, natural objection to nauseous pharmacology.

But its greatest triumphs, as well as its greatest attractions to patients, are yet in the future. The possibiliies of the eradication of the tubercular, syphilitic, sycotic diathesis—the tumors or growths, benign or malignant, of cancer and its allied terrors—only await a more complete knowledge of its therapeutic possibilities. The power of the dynamic remedy in ante-natal treatment, and the consequent regeneration of the race are among the possibilities of the future. It is being demonstrated in the daily practice of many a Homœopath, that in the plastic period of life, the child in utero is as susceptible to constitutional improvement, as easily and as readily moulded as clay in the hands of the potter. The nearer we sail to the law, and the closer we apply it in the cure of the sick, the more it will attract patients to its ranks. This attraction is in the hands of every Homœopath, the sum total of individual effort will form the final triumph.

PROPAGANDISM OF HOMŒOPATHY IN THE ATTRACTING OF STUDENTS,

BY H. R. ARNDT, M. D., SAN FRANCISCO, CALIF.

The importance of the part played by our educational institutions in the further development and maintenance of Homœopathy is so evident that it does not admit discussion. No matter how great the demand for homœopathic physicians, if the demand cannot be supplied promptly and efficiently, it will soon cease, and this school, as an independent and potent organization, must cease with it. Hence the wisdom of a careful study of the college question as it affects the general topic now before this body.

An intelligent discussion as to how we may assist and induce prospective medical students to enter our educational institutions, to obtain their degree from us, and to permanently and closely identify themselves with Homœopathy, demands a full and ready recognition of several conditions which are likely to influence the choice of men and women who contemplate studying medicine.

Prospective students deserve, first of all, to make living by the practice of their profession, to be successful from the business standpoint. If they are made to believe that the demand for homœopathic physicians is growing less than it formerly was, perhaps because the people have lost faith in Homœopathy or care less now for Homœopathy than they did years ago when old school methods were so much more objectionable, then such belief would in itself be weighty enough in many instances to turn the scale. Secondly, young men and young women these days do not, as a usual thing, seek martyrdom. They desire at once to take a recognized position in their community and in the profession at large. If they can be made to believe that by becoming Homœopaths they will lose caste socially and professionally, they will in all probability decide to join the ranks of the majority, and let more self-denying souls fight the battles of a presumably uninfluential minority. Third, If the prospective medical student can be made to believe that as a student in the homœopathic college his medical education will be one-sided, weak in the fundamental and scientific branches and out of joint with the genius of modern medical and scientific thought, he is sure to become hopelessly prejudiced, and will carefully avoid exposing himself to so great a calamity. Fourth, If the prospective medical student can be made to believe that Homœopathy is "wrong," has proved itself wanting when tried at the bedside; is' inefficient in the hour of danger; leaves its devotee helpless when help is most needed, and at the time of supreme trial forces him to fall back upon the resources of empirical medicine, such prospective medical student is likely to be, and should be, as unwilling to matriculate in the homœopathic college as he would be unwilling to swim the rapids of Niagara Falls with hand and feet firmly tied.

Assuming that the above propositions are correct, it is evident that to induce prospective medical students to enter our colleges we must accomplish the following:

First, We must convince them that from the business standpoint it pays to be a Homœopath, because the people, in the country districts quite as much as in the towns and in large cities, are more inclined than ever before to employ a well educated and honest Homœopath.

Second, We must convince the prospective medical student that by becoming a Homœopath he does not lose caste as a physician.

Third, We must convince the prospective medical student that a full course in a homœopathic college affords him every opportunity for acquiring a complete medical education, as complete as is given in any medical college, even in therapeutics, plus the knowledge of the philosophy and practice of Homœopathy; in other words, that he is taught not less, but more, than he is taught in non-homœopathic schools.

Fourth, We must assure the prospective medical student, and convince the actual medical student in the homœopathic college that the philosophy of Homœopathy is in line with the best scientific development of to-day; that its teaching is reliable and its practice safe; that Homœopathy stands today, as it has ever stood, for the most advanced and for the best there is in therapeutics.

I. The business prospects of the question. It is natural, particularly at this day that the business aspect of so important a thing as the choice of an occupation for life will have a far reaching effect in determining the choice. Hence it behooves us to use every legitimate means to impress upon the prospective medical student what we from personal observation and actual experience know to be true to wit., that the general over-crowding of the medical profession affects the Homœopath far less disastrously than it does graduates of other colleges. An argument on this particular subject would be out of place here, but I need only point out the fact that nearly every "four corners" in this big country has its one-half dozen old school doctors, while in many country districts, thickly settled by intelligent farmers, mechanics, and tradesmen, often in towns and in cities of considerable importance, no Homœopath can be found; and simply because the demand exceeds the supply. The erroneous impression, at one time quite prevalent, that country people have no faith in Homœopathy exploded long years ago; the diffusion of knowledge in this country is so general now that old-time pioneer work, which we older men were obliged to do before we could claim an established position, is no longer thought of. Young physicians of ability, as Homœopaths, are now heartily welcomed in the country, and our colleges must send out into rural districts and towns hundreds of graduates where we now send out "tens," before the supply can fully meet the demand. It is moreover a matter of sound policy for us to emphasize to our young graduates the great advantages of general country practice as a means of securing with comparative ease a pleasant home and a good income. Statistics show that there is, for all save a lucky few, more money in country practice than there is to be had in the city. We must not forget that the scarcity of homœopathic physicians in many districts is simply due to the fact that our graduates have no trouble in finding suitable locations; they are not obliged to hunt for them because the field is open and the demand is greater than the supply. The same cannot be said of the graduates of other schools; their presence at every cross-road and in places where the prospects of making a good living are surely discouraging, proves that in their case the supply far exceeds the demand.

II. To convince prospective medical students that, because of identification with ourselves they do not lose caste, should at this day be an easy undertaking. In the "olden times" it did require self-denial and courage to go into the field as a Homœopath, but surely, "the former things have passed away" and the young man or woman, settling in a community, will, even if an aggressive Homœopath, excite little more attention than if he were the most "regular" of the "regulars," always provided there is sound sense at the bottom of his faith and propriety in his conduct.

Our representatives are on boards of all kinds, serve the State and National Government, and if we were to find fault it would have to lie in the fact that the governmental departments will not, and indeed cannot, take cognizance of special views on subjects beyond their range of interest; hence, it is only in exceptional cases that a Homœopath will receive a government appointment because he is a Homœopath; it is usually general reputation and general qualification which procure official recognition; and that is as it should be. On boards of education, in the executive chairs of towns and cities, in the halls of State legislatures and of Congress, as city and county physicians, as members of boards of health, at the head of State institutions, as examiners of life insurance companies, as members of governing boards of great official responsibility, in the range of State and Federal troops, everywhere homœopathic physicians are working side by side with members of the dominant school, and they infrequently occupy the superior position. Under such circumstances it is folly to speak of "losing caste.'"

We should teach our prospective students that even here they may find opportunities that are exceptional, and arise from the fact that they are Homœopaths. The University of Michigan, for instance, looked very anxiously, in the past, for the right sort of Homœopaths—and only Homœopaths would answer—to complete the faculty of the then new department; and the State of California for the better part of a year searched all through this country for a suitable man among the alienists of our school for superintendent of the Southern California State Hospital.

The so-called mixed State boards of examiners twenty-five years ago could hardly have been created, because of the assumption that the various schools could not work together. At this writing they are not only in successful operation, but are potent factors in teaching mutual respect and tolerance. It is not only the Homœopath who is examined and passed upon by the old school examiner, but the graduate of the best known old school college in the land must go before the homœopathic examiner and receive his vote before he may practice. Is there any trace of a lack of professional standing in all this? Not at all. We may earnestly assure our prospective medical students that Homœopath or anything else, his professional future and standing will be what he makes it.

III. The course at college. Since the prospective medical student fully realizes that the years spent at college represent the foundation for his entire business and professinal life, he will, if at all intelligent, take a careful survey of the course of instruction offered him, its completeness, breadth and thoroughness. He does not want to be one-sided in qualifications, but demands that at the end of his college life he shall have a right to consider himself, and be by others considered, a well educated and reasonably well trained physician, well grounded in the fundamental and scientific branches, possessed of considerable bedside experience, and able to meet medical and surgical emergencies. The student has a right to demand this, and unless the college, be it "homœopathic" or otherwise, can redeem the promise of just such a course it should have its charter vacated. Incidentally, of course, the necessity of having our students pass the State examination makes faithful work in fundamental and scientific branches a necessity, even as a means of self-preservation, which formerly did not exist; but were there no examining boards, students would still have a right to demand the best there is to be had in the way of a medical education. We can thus assure prospective students that they will receive at our hands exactly what they may expect from any other medical college in good standing, including thorough training in laboratory work and at the bedside.

We may promise them more, and give them the assurance that without our slighting any part of the standard curriculum, we will give them thorough training in all that constitutes Homœopathy, theoretical and applied. And it is here where we, as educators, find the most serious responsibility of the hour, and a task infinitely more difficult of accomplishment than any other branch of our college work. Upon the honest, faithful work done here depends our future as a school, and the gist of the entire matter now under consideration lies in this question: Do we actually make living, breathing, believing Homœopaths of our students, or do we not? If the former, the question of a successful propaganda is solved; if the latter, we might as well drop the discussion of it.

No matter what our personal views as physicians may be, because of the public announcement that our colleges are "homœopathic" colleges, and that in them, not only among others, but chief among others, Homœopathy is taught, we should consider our honor pledged to make good this promise; and failure to do so constitutes a breach of faith. And I, for one, am fully persuaded that the failure of our faculties to quite realize their personal and collective responsibility here tends to give us lukewarm practitioners who have no profound conviction, that it weakens our position as an organized body of men who pretend to be specialists in therapeutics when too often they are bunglers without aim or fixed purposes, and that this drives away from our colleges young men and women who are too sincere not to demand honest teaching, and too intelligent not to see when they fail to get it. The most essential thing in a successful propaganda for the spread of Homœopathy is honesty on the part of its practitioners; and the one thing needful in our college faculties, to render them effective in recruiting students, even for themselves, is a clearer comprehension on their part of the essentials of homœopathic philosophy and consistent teaching of Homœopathy in every chair.

It is not enough that students be given annual and indifferently prepared courses on the institutes of Homœopathy; or that lectures on MateriaMedica are crowded in daily; or that the chair on "practice" furnish lists of remedies with hackneyed indications for all sorts of diseaess. All these, and more, may be done without arousing in the student the conviction that the teaching is more honest and intelligent, and this impression must be created if you expect to make honest and intelligent Homœopaths of your students.

Neither is it possible to make of our colleges helpful agencies for the dissemination of Homœopathy or to give the student that for which he pays hard cash, to say nothing of the far more serious item of four years of his life, unless Homœopathy is taught from every chair. The anatomist, chemist, pathologist, or physiologist may have little to do with the teaching of the practice of Homœopathy, but a single indiscrete word or a slur from any of them may leave impressions that are misleading and which may destroy honest effort of other and more thoughtful teachers. It is still more probable that the surgeon, or the obstetrician, or gynæcologist frequently, and perhaps unconsciously, accomplish more in undoing than they realize or than is good for the reputation of the school with which they are connected. And when chairs dealing with "practice" do not bring to their work an intelligent faith in the doctrine and a ripe experience in the practice of Homœopathy; when they exalt routine practice and belittle homœopathic prescribing, can a propaganda thus carried on accomplish good?

The most effective propaganda in which we can engage lies in the rejuvenation of the colleges themselves. Give us intelligent, earnest, honest teachers, and every class of students sent out by them will constitute just so many missionaries whose aim it will be to see that others have the same advantage which they enjoyed; thus our colleges will be rapidly strengthened in the number of their students, in the aggregate of their income, and what is even farther reaching in self-respect.

In the absence of such endeavors our graduates are very liable to look back upon the most important part of their work with a sense of lingering disappointment, and when their own boys are old enough to begin their professional studies they will and they often do send them to other schools.

IV. To convince others that we have certain convictions based upon thorough investigations and carefully made tests is the most effective way to convert them to our views. This applies no less to the matter under consideration than to others expressions of belief.

In dealing with the prospective medical student, who, of his own volition, comes within our reach, it is reasonable to assume that he either leans to Homœopathy or is free from prejudice against it, and we may have slight difficulty in persuading him to enter our fold. If without and preference whatsoever—and such cases are rare—well-timed arguments may turn the scale in our direction. If prejudiced against Homœopathy, the task of reaching him will be laborious, and the effect of any reasoning with him will depend on our skill in argument and upon his own intellectual make-up. It is, however, very probable that personal and direct effort, save by one intimately acquainted with the prospective student and possessed of personal influence over him will avail little.

It is different with the student who has actually matriculated, and who has come within the range of the faculty's influence. To insure his developing into a thorough-going Homœopath he must not only be surrounded by the influences and conditions already pointed out, but the most painstaking efforts should be made to impress his intelligence and to demonstrate to him that the teaching of Hahnemann in its essentials is wholly borne out by modern science. The American Institute of Homœopathy is surely not the body to challenge a statement to this effect. Beginninng with a careful analysis of the "Organon," separating the facts therein stated from the theories into which Hahnemann was practically forced by the controversal assaults made upon him on all sides, by pointing out to the student the unchanging character of a demonstrable fact as compared with explanatory theories which must and do reflect the scientific notions of the time which gave them birth, and which on that account are comparatively unstable; we may thus show to the classes that, for instance, modern science attributes to infinitesimals even more power than did Hahnemann, that the modern teaching of "predisposition" to certain morbid states is but a reiteration of Hahnemann's theory of the causation of chronic diseases, broadly and intelligently interpreted, and that in many of the most startling advances made in modern therapeutics we see the justification of old-time homœopathic teaching. In fact, we could do no better service to ourselves and to Homœopathy than establish a chair whose special province it shall be in connection with the course on "institutes," to demonstrate to classes the correctness of the assertions above made, i. e., that modern science is constantly developing in lines that run parallel with the teaching of Homœopathy. This important work must of necessity be entrusted to the younger men who have had the full benefit of modern scientific training.

It is my opinion that the special work of our colleges in the propaganda is to bring about a revival of old-time faith and intellectual honesty, and to get rid of the vast amount of pretense and cant which are met everywhere. If direct appeals are to be made to prospective students, verbally or in print, they must cover the points suggested at the opening of this paper, showing that Homœopathy exists, that it is alive, up to the time, logical in its theories, effective in their practical application to the needs of the sick, and that the prospective medical student by entering a homœopathic college will advance his own interests, not only because Homœopathy offers the best method of treating the sick, but because at the present time and for many years to come the sick, in country and town, are ready to welcome and to support intelligent, honest physicians of the homœopathic faith.

THE PROPAGANDISM OF HOMŒOPATHY IN THE OLD WORLD

BY JAMES SEARSON, M. D., LONDON ENGLAND.

At no period within the recollection of the writer has greater activity existed in Great Britain with regard to operations, which have in view the furtherance of the homœopathic principles. It is not part of my duty in presenting this paper to deal with the causes which in the past have relegated Homœopathy in Great Britain to a less important position than that which it occupies in the States. Most of them, I believe, if not all, are due not to any want of enthusiasm on the part of the pioneers, but rather to the conditions of shall we say greater conservatism, which have reigned here. There has not been in this country the same apparent readiness to welcome and give a fair trial to the methods adopted by the newer school of thought, At the present time we have to face the fact that there is in Great Britain no charter to train students on homœopathic lines and qualify them for their degrees. The result has been to deprive our system of the feeding power which would result from such training institutions. All the medical students in Great Britain to-day are educated in allopathic schools, in the teaching of which Homœopathy is for the most part ignored, and any casual illusion made to it by the teachers is calculated to belittle it in the minds of the students as a "belated ghost." It is not, therefore, surprising that the newer generations of medical practitioners are started on their life's work with their minds prejudiced against the system, and it is only those of more than average individuality and originality, who, searching for an addition to their knowledge, occasionally stray into our ranks. There is, I believe, universal agreement that the great goal to aim at in the future of Homœopathy in this country, is a charter which shall place our school as a teaching institution, with power to qualify for medical degrees, on an equal footing with that now occupied by the older medical schools. In working towards this goal the leaders in this country are inspired and morally helped by the inspiriting example of our American colleagues, who, by their determination, have secured these essential advantages in their great country.

Meanwhile it is found here that the main, if not the only recruiting ground, is the junior appointments in connection with the homœopathic hospitals. The graduates who obtain these appointments may be said to enter upon their duties with an enquiring mind, and our experience is that they become and remain loyal and able upholders and exponents of our art. The London Homœopathic Hospital, Great Ormond Street, is doing excellent work in this direction, though obviously the number of adherents it secures in this way are very limited, but they may be said to make up in quality what they lack in quantity. There are two resident medical officers on the staff, house physician and a house surgeon. These appointments are made half yearly, and there are other junior officers, such as medical registrar and clinical assistant to the physicians and surgeons in the different departments, which are fairly sought after by graduates from the outside. These remarks also apply to the Liverpool Homœopathic Hospital, and several other smaller hospitals throughout the country.

The educational work done by these various hospitals is of incalculable benefit in influencing a favorable public opinion. There are a dozen such hospitals in this country ranging from that in London, with about 100 beds and treating over 24,000 patients annually, to the smaller cottage hospitals in the provinces. The London Homœopathic Hospital has already acquired sufficient land to extend its buildings so as to accommodate 150 beds. It is the center of all varieties of post-graduate instruction, and carefully arranged courses are also in constant operation for the instruction of missionary students, to whom even an elementary medical and surgical knowledge is most helpful in their field of work.

The institutions apart from the hospitals, which exist for the furtherance of our cause are the British Homœopathic Society and the British Homœopathic Association. The former is a purely professional association and embraces practically the whole of the homœopathic profession of Great Britain. Its meetings are held monthly during the session, and are well attended. They are conducted on lines similar to the professional medical societies in the States. Papers are read and discussed; clinical evenings are held; pathological and other specimens are shown, and the entire pabulum afforded is absolutely loyal to the teachings of Hahnemann, and at the same time quite up to date in recent scientific method and research.

The British Homœopathic Association is of more recent formation. It embraces both professional and lay elements. It exists for the furtherance of the interests of Homœopathy in the broader sense, not only by the education of the profession but by influencing a sound public opinion.. During the past four years of its existence it has displayed great energy and done most excellent work, chiefly of an educational character. It co-operates with the educational committee of the London Homœopathic Hospital in organizing the post-graduate and other lectures delivered in that institution. It has inaugurated laboratory investigations, which are now being carried on; instituted a system of provings which are also at present in progress, and it has founded scholarships which are intended to secure for some of the younger professional members of our body special courses of training both in the States and on the Continent.

The literature of our movement is represented by the "Monthly Homœopathic Review," the "Homœopathic World," and the quarterly journal of the British Homœopathic Society, and excellent work is also being done in this department by the British Homœopathic Association in the publication of pamphlets suitable both for lay and professional circulation.

Bearing in mind the existence of the different shades of thought which must necessarily exist amongst a liberty loving body of people, the cohesion of our forces in this country is remarkable, and what may be called the revival movement which is now being carried on has the undivided support practically of the entire body.

Our American colleagues have by their enthusiasm, business capacity and foresight raised the movement in their country to a proud and honored position. The efforts made in this country must necessarily be more limited both in aspiration and attainments, but we shall continue to be cheered by the fine example you have given us, and we shall rely upon your friendly support in our future efforts.

Dr. Pemberton Dudley,

With his usual directness, says that to call them regular implies that we are irregular, to call them dominant, implies that we are subjugated. Let us, therefore, call them allopaths, for that is what they truly are.

Societies.

MINNESOTA STATE HOMŒOPATHIC SOCIETY.

The thirty-ninth annual meeting of the Minnesota State Homœopathic Institute occurred at St. Paul May 16, 17 and 18, and the St. Paul contingent did nobly, entertaining the visiting physicians in a most hospitable manner at the Commercial Club rooms.

The program was most excellent and the papers read were all of value and interest. But little business of general interest was transacted, further than to reduce the annual dues of all members who belong to the A. I. H.

The program as rendered is appended:

On Tuesday under sanitary science, Dr. R. B. Leach, of St. Paul, read an exhaustive paper on the "White Plague and Its Modern Outdoor Treatment."

In pathology, Dr. W. C. Roberts, of Owatonna, read a paper on the "Conditions Found in Four Cases."

In gynæcology papers were presented by C. G. Higbee, of St. Paul, on "Some Unusual Complications in Gynæcology," while Dr. Jas. G. Gilchrist, of Iowa City, Ia., wrote entertainingly of "Solid Tumors of the Uterus." Dr. B. H. Ogden, of St. Paul, wrote, as he always does,, in the best manner possible, on "Differential Diagnosis of Intra Abdominal Tumors Situated Below the Umbilicus," and Dr. C. W. Wilkowske, of Faribault, wrote of "Is Electricity of Value in Gynæcology?" Dr. W. Leonard, of Minneapolis, opposed its use.

In the evening of the first day occurred the annual meeting of the alumni of the Homœopathic College of Minnesota University. Dr. George B. Hamlin, of Minneapolis, was elected president, and Dr. A. E. Booth, of Minneapolis, was elected vice-president President O. K. Richardson, of Minneapolis, in his address emphasized the need of more loyalty on the part of the alumni to the college. They should make an effort to get more students, he said. The students at the college should be encouraged to affiliate with the general student body and the homœopathic alumni should take part in the doings of the general alumni association. The number of students at the college is decreasing and something must be done.

Dr. Asa Hammond, of Winnebago City, also spoke on "Loyalty to Our Own College." He urged the alumni to co-operate with the faculty in getting and keeping students.

A general discussion along the same line followed, and it was recommended that some one look after the new students when they register and see that those who intend to take the homœopathic course are not diverted from their purpose by members of the other school. Meetings of alumni and students were also recommended.

On Wednesday, the 17th, general medicine was the first bureau called. Dr. L. A. Williams, of Slayton, presided, and Dr. F. C. Spates, of St. Paul, read a paper on "Insomnia of Childhood." He emphasized the value of the hygienic treatment over therapeutics or medicine. He said:

"We stuff or surfeit our food canal and starve our lung canal. Now, if the child is given a sensible amount of food in the right manner for its supper and put to bed in a room where there is pure air as we find it outdoors, there will be little trouble. Get your child to bed early and let it sleep as long as it wants. Do not let the child sleep in the afternoon if you want it to retire early. It matters not so much what you eat as how you eat it."

Dr. L. D. Shipman, of Minneapolis, presided during a discussion of the nose, throat and ear, and papers were read by Dr. George M. Haywood, of Minneapolis; Dr. J. H. Beatty, of St. Cloud; Dr. L. E. Mann, of St. Paul, and Dr. Shipman.

The bureaus of Homœopathy, A. S. Wilcox, of Minneapolis, chairman, and Materia Medica, with Dr. O. K. Richardson, of Minneapolis, as chairman, both held interesting sessions in the afternoon.

Sixty members of the institute met at the Commercial Club last night for the annual banquet. The tables were decorated with ferns and roses.

The retiring president, Dr. A. B. Cole, of Fergus Falls, gave his annual address. He said:

"There are three distinct classes of drugs. First, the remedies for the relief of pain. I admit that the old school understands this branch of the healing art better than we do. There is no reason why we should not understood it as well as they do, and it is as legitimate for us to use it as it is for them, only we do not have to resort to it as often. There is no reason for us not to use it at times,but we should consider whether excessive pain or the medicine to relieve it is the more harmful to our patient.

The second division includes germicides and the toxines. It is just as necessary for us at times to give an antidote as for the old school. I believe the physician who opposes vaccination or the use of antitoxin is stubbornly wrong and blinded by prejudice so that he cannot see the right or recognize it when he does see it. The same can be said of the use of anti-toxin in diphtheria. Its use is not an admission that the homœopathic law is erronous, but I believe, whether it can be so considered or not, it is our plain duty to use it.

"The third division is the curative drugs and that is where we shine. In the old school those who have practiced the longest have the least faith in the action of medicine to cure the sick, but the more the Homœopath prectice the more faith he has in the action of his remedies.

"As to our medical laws, I think we should enact a law creating a medical examining board to censor the colleges, compel them to be thorough both as to length of term and teaching, not to recognize any that are not first-class in every respect, and once we recognize them as correct and right, have a diploma from them a license to practice medicine in our State. The present way of examining the student and not the college is a bungling and cumbersome way to obtain results."

Dr. E. L. Mann, of St. Paul, called for the toasts. Dr. R. D. Matchen, of Minneapolis, spoke on "The Doctor as a Financier," and said as such he is not a success. He had no business training; during his school life he has been taught everything except what is practical, and in his professional life he is handicapped by a code of ethics which would put a railroad or mercantile house out of business in six months.

Dr. O. K. Richardson, speaking on "The Doctor as a Politician," said that he should become known as a man interested in the welfare of the community and he should not submit to legislation that is detrimental to the profession. Dr. R. B. Leach, of St. Paul, spoke on "Night Calls," and the new president, Dr. Ashley, was called upon for a short speech.

The institute elected the following officers: President, Dr. T. W. Ashley, of River Falls, Wis.; vice president, Dr. A. J. Hammond, of Winnebago City; second vice president, Dr. B. H. Ogden, of St. Paul; secretary, Dr. R. B. Leach, of St. Paul; treasurer, Dr. Margaret Koch, of Minneapolis.

On Thursday, the 18th, the bureau of surgery, Dr. Paul A. Higbee, of Minneapolis, chairman, had a most interesting meeting, and the newly-elected president, Dr. T. W. Ashley, of River Falls, Wis., appointed the following bureau chairmen for the session of 1906:

Mental and Nervous—F. S. Wilcox, Fergus, Falls.
Diseases of Children—O. K. Richardson, Minneapolis.
Surgery—W. S. Briggs, St. Paul.
Electro-Therapy—Ethel E. Hurd, Minneapolis.
Homœopathy—O. H. Hall, St. Paul.
Skin and Venereal—P. A. Higbee, Minneapolis.
Eye, Ear, Nose and Throat—E. L. Mann, St. Paul.
General Medicine—J. H. Beatty, St. Cloud.
Materia Medica—B. H. Ogden, St. Paul.
Gynæcology—Henry C. Aldrich, Minneapolis.
Obstetrics—A E. Comstock, St. Paul.
Pathology—W. B. Roberts, Minneapolis.

AMERICAN INSTITUTE OF HOMŒOPATHY.

Supplementary Report.

The Last Day.

The Committee on Clinical Research, report by Dr. Walter Wesselhœft, was read by Dr. H. C. Allen; it was to the effect of urging staffs of hospitals to organize for the systematic study of drug action on the sick, and asked the addition to the committee of members of hospital staffs who were members of the Institute. The report was adopted. The International Bureau of Homœopathy also reported, and the report was adopted. The resolutions committee requested that the Institute adopt a definition of vaccination to include also the internal administration of Variolinum. After some discussion, it was laid on the table. A committee of three is to be appointed by President Royal to investigate the subject and present the same at the next meeting of the Institute.

A vote of thanks was given the Illinois State Homœopathic Association, the physicians of Chicago, the hotel management; a special resolution to President Royal was also made and carried.

In addition to the committees named in our last issue was one appointed to confer with the American Medical Association on the subject of uniform legislation. This committee is composed of Drs. C. E. Walton, J. B. G. Custis, R. S. Copeland, W. H. King, and B. F. Bailey.

Report of Interstate Committee.

The following is the report of the Interstate Committee in full:

Gentlemen: If I excited your interest and aroused your curiosity by the last circular sent out, I congratulate myself that I have accomplished in some measure at least the purpose I had in view. As I intimated in that circular, I have been a little disappointed that there was not more evidence of interest shown by the delegates during the year, as the purpose is to have this Committee a permanent one, members of which shall consider themselves responsible to the extent that a full knowledge of legislative and municipal acts in their several States that in any way affect the school or offer opportunities to members of the school, could be reported to the central body, and when assistance was desired, it could be rendered by the Institute, always bearing in mind that there is no community so isolated that it cannot be influenced by the stronger members of the profession, distributed as they are throughout the country.

You have already learned that the reciprocity bill, which was brought to your attention last year by the Medical Society of the District of Columbia, has become a law. It is true that to this bill no opposition was made. But had opposition been made, as some feared, it would have been readily overcome by the influence of the active members of the homœopathic profession referred to above. The Washington Society still believes it to be a model bill, and were interested, upon reading the report of the Committee on Reciprocity made to the American Confederation of Reciprocating Examining, Licensing and Medical Boards, to learn that they had adopted its general principles; and it is hoped that they will recede from their recommendation as to the minor differences. Our bill requires two years of actual practice in the jurisdiction from which the candidate seeks his license; they recommend one.

The reason that we give for concession is because it is more difficult to have a bill amended by Congress than it is to embody compromising features in new bills to be presented to legislatures.

I also have with me a form of application which is sent to each applicant for license under the reciprocity act. In this form you will notice that we accord, as evidence of good character, membership in good standing in the State or local society. The committee referred to does practically the same. There is one clause in their form of application which is worthy of special consideration, namely, that the applicant furnish an affidavit affirming that in good faith he has abandoned practice in the State from which he came, and that it is his intention to become a permanent resident of the State to which such application is made. As the avowed purpose of these restrictions is to prevent the city physician from practicing at summer or winter resorts, as the case may be, a practice, which, while not enviable, yet may be justifiable, consequently should not be adopted. I hope you will all familiarize yourselves with the question of reciprocity and advocate its adoption in that form that will make it practical among all the States of the Union, as nothing will insure the stability, or the permanency of the examining board laws more than the general enactment of the reciprocating provisions. This cannot be done, however, unless interest is taken, and time sacrificed by those members of the profession who are unselfish enough to regard the good standing of their calling as of even greater value than thesir personal income.

We all realize that these examinations by State boards are practically a necessity, made so because of the peculiar conditions existing in this country. We cannot, under the constitution, have a central board to control the teachings in the medical colleges, consequently we cannot have uniformity, nor keep track of the personnel, the methods and the integrity of the graduates of the colleges, nor can we protect the profession in any other manner than that offered by the examining boards.

One of the motives which prompts me is the growing conviction, in which, doubtless, many of you share that with the changes in our modes of life, the changes that have grown up in the relation of physician and patient, both of which have resulted from the great accumulation of wealth in the hands of a few individuals and the great corporations, and the demand for luxuries that in a measure demoralizes physicians and causes patients to demand personal attention and office paraphernalia, which is of doubtful expediency, and in some instances is used with the avowed purpose of impressing the patients with the magnitude of their diseases and the scientific attainments of the physician, all for commercial reasons. On account of these things we fear, sometimes, that the profession is losing much of its old dignity, and consequently, missing many of its opportunities for development. For these reasons, and because of the inroads of charlatanism, skepticism and ignorance, much of the effort that has been expended during the last twenty years to elevate the standard of the medical profession is in danger of being wasted. To be more explicit, the school which we represent has been in the foreground in everything that has tended to raise the standard of medical education, to improve the personnel of the profession, and to surround it by all possible safeguards. Though few in number compared with the great mass of physicians, we have been able to accomplish so much because of our possession of a law which gives us a standard by which to judge of the probable efficacy of the therapeutic measures offered from whatever source they come. In almost all medical legislation we have been an important factor because of the character of our physicians and our clientele; we have been able to secure recognition and been protected in all our rights, without which we could not expect to practice our profession in peace and comfort. In demanding these equal privileges and this protection we have decried bigotry, have demanded liberty of thought and the right to practice as we thought proper; in many instances, that we might strengthen our position, we have espoused the cause of the weaker school, the eclectic, and have demanded for them privileges equal to our own. We have based our demand upon the strength of our colleges and the ability of our graduates and licentiates, and have claimed that others should have the privilege of practicing medicine according to the dictates of their conscience to the same degree that they have the right to worship God according to the dictates of their conscience. This religious liberty can only be enjoyed, granted, or tolerated in those who respect the rights of others and the laws of the land. In thus claiming liberty in the practice of medicine it is with full consciousness that the only safeguard to the country and to the individual is that practitioners be qualified in every respect to form an opinion before the adoption of the mode of treatment which they profess to use. That they be qualified in every respect to form correct judgment as to the nature of the disease and the condition of the patient, especially if, in any way, that disease or condition affects the public safety or welfare. Our friends, the self-styled "regulars," have agreed with us as to the standard of medical education, have accepted the results of medical legislation, and have, in many instances, asked our assistance in the securing of laws governing the practice of nedicine. In order that the public may be protected from the charlatan and quack, and in order that our students, who are now required to spend four years in the study of medicine and its allied branches before they can practice their profession, they should receive in return for their acknowledgment of the general law, protection and the full enjoyment of the fruits of their labors. We have a few men in our ranks who lament the fact that there is more than one school of medicine; we have seen them knocking at the doors of National, State and local societies, asking to be admitted to membership therein; but now that we hear from the other side, we are reminded by their recognized leader in therapeutics that the time has come for the two school to unite. Recognizing as he does that there is but one point of difference, and this the therapeutics of the two schools, and that he in common with the other leaders, have minimized and minimized the dose until in very many instances they recommend what is equal to our third and higher potency. Lest they be misunderstood, however, they throw doubt upon the efficacy of all medicine excepting the few remedies which they apply on physiological indications, which remedies are in common use by all. This being true, there is nothing left for the old school to fight about excepting that we hold a sectarian title. The simple fact is that it is recognized by the most prominent physicians of both schools that there must be an alliance, if there cannot be a union. In many of the States there are medical societies which admit as members those who do not recognize the ordinary amenities of the profession, and who presume to dictate policies and methods without assuming any of the responsibilities which should precede such presumption; and who admit men, who, because of defects in their education and in their methods, are not eligible for membership in either the "regular" or homœopathic societies; and whenever or wherever they desire to open a medical college of low standard, the faculty is drawn from these organizations. Again, there are organizations in many of our States of untutored and inexperienced men and women, who, under the guise of so-called osteopathy, physicomedico methods, or Christian science, are having presented in the legislatures of the country bills authorizing the appointment of licensing boards that will give them privileges equal to those now enjoyed by the practitioners of medicine who have spent years in the medical schools of the country; who have voluntarily surrounded themselves by the restrictions referred to above, and who willingly submit to having their personal qualifications passed upon by examining boards composed of many of the best men in the country who serve at great expense as to time, and with no other compensation than the consciousness that they are protecting the noble profession to which they belong. On this basis of medical education, upon which there are no differences of opinion between the two schools, we can and must form an alliance. We must not stand on quibbles, but form an alliance, the purpose of which shall be to secure the best possible medical laws, and maintain the standard for which we have struggled so long and so earnestly. As to the union of the schools, I do not think it is very near. Still, the signs are brighter than they have ever been before; so bright, in fact, that because of the generous offers of position and fellowship made to so many of our adherents, we are in danger of being caught by their flattery. There are certain principles and certain cherished archives or records which we possess, and concerning which it would be foolish for us to allow them to be even questioned. As everything in the trend of science points to the verification, not only of the law, but also to the provings of our remedies. Therefore, we think it wise in order that there shall be no misapprehension and mistakes as to the position of our school—after expressing our willingness to form an alliance in legislative work, whether National, State or municipal—to give expression to our position as to the grounds upon which a union could be considered, and I have formulated the following as a basis of such a union.

All members of chartered homœopathic medical societies, either National or State, and also anyone holding the diploma of a legally chartered homœopathic medical college recognized as in good and regular standing by the American Institute of Homœopathy and desiring to retain or use the distinctive title of Homœopathist is to be admitted upon application without prejudice to any medical society or organization to which he is otherwise eligible.

The title of Homœopath or Homœopathist is to be considered as synonymous with specialist in drug therapy.

The books now recognized by the school of Homœopathy as giving the reports of the provings of drugs upon healthy people, shall be considered as authentic records, and used as a basis for the study and teaching of Materia Medica in all medical colleges.

All laboratories now under the control of universities having medical departments shall open their records for the confirmation of those already published and for additions to the same, and shall whenever possible, allow the use of such facilities for the study and observation of the physiological and pathological effects of drugs with the view of their being employed as therapeutic agents.

All the courtesies demanded by the school of Homœopathy shall be extended to the members of the American Medical Association and its affiliated societies, and also to those holding the diplomas of colleges or universities which are recognized by the Association of American Medical Colleges.

I do not believe that this statement needs much explanation. I say nothing of the corner stone upon which our structure is built, and which will soon be recognized after one has become familiar with the structure itself, that which is formed by the provings of drugs on healthy people. A recognition of the law will certainly follow the study of the provings and their application to the treatment of disease. The school, by its effort to establish an Institute of Drug Proving, has shown its willingness to profit by all the advances of science, by all the instruments of precision that have been invented, and to give of the fullness of their knowledge to the medical profession. We acknowledge the debt we owe in every branch of medicine and its collateral sciences, but pre-eminently we assert our claim to the one system of therapeutics which has stood the test in our hands for over one hundred years.

In magnifying our methods of applying the results of the proving of drugs, we do no violence to any of the specialists in our school, such as the surgeon, the oculist, the aurist or of the obstetrician, who adds a knowledge of homœopathic therapeutics to the mechanical methods common to the old school specialists. Our own has advantages, the acknowledgment of which would help our brethren out of many a difficulty.

Our friends, by their own confession, admit that the therapeutics they have is a failure. The wise ones admit that but little or no progress has been made. The whole school is divided into nihilists, skeptics and those who are searching the commercial laboratories of the commercial pharmaceutist in the vain hope of finding the specific among drugs, or a serum that will meet the demands for help which come from their suffering patients, and when they fail, fall behind the palliatives or the anodynes which they also admit to be unsatisfactory. If these claims be true, we give them more than we in return receive, because by virtue of the self-imposed restrictions, we perforce, must study to be conversant with all that they have, and add to our own knowledge this specialty which, because of our recognition of the law and the adoption of a name, has kept us apart for so many years.

J. B. Gregg Custis, M. D.,
Chairman.

A resolution was presented instructing the Intercollegiate Committee to make investigations as to the practicability of the establishment of a homœopathic department of chairs on Homœopathy in each State university. This resolution emanated from the Bureau of Homœopathy, which had under consideration the propagandism of Homœopathy.

Dr. C. B. Kinyon, of Ann Arbor, was appointed Necrologist.

INTERNATIONAL HAHNEMANNIAN ASSOCIATION.

The International Hahnemannian Association convened for its twenty-sixth annual session, June 22d, 23d and 24th, in Chicago. The place of meeting was ideal, the Chicago Beach Hotel, on the lake, at the foot of 51st street.

The President, Dr. E. P. Hussey, of Buffalo, delivered his address at the opening session, and the following bureaus were presented, occupying the entire three days: Homœopathic Philosophy, Dr. G. P. Waring, of Chicago; Clinical Medicine, Dr. C. E. Alliume, of New York; Materia Medica, Dr. Frank Patch, of South Framingham, Mass.; Surgery, Dr. M. E. Graham, of Rochester; Obstetrics, Dr. H. L. Houghton, of Boston, Mass.

The papers and discussions were of an unusual high order as compared with other meetings; the attendance being the largest in recent years. Thirty-seven new members were added.

A banquet was given on the evening of the second day, the special purpose being to commemorate the one hundred and fiftieth anniversary of the birth of Hahnemann, and also the twenty-fifth anniversary of the organization of the Society. Over seventy plates were taken, and appropriate toasts were given.

The officers for the coming year were elected as follows: President, Stuart Close, M. D., Brooklyn, N. Y.; Secretary, J. B. S. King, M. D., Chicago, Ill.; Treasurer, P. E. Kritchbaum, M. D., Mont Clair, N. J.; Necrologist, B. L. Baylies, M. D., Brooklyn, N. Y.; Board of Censors, Julia C. Loos, M. D., Harrisburg, Pa.; C. M. Boger, M. D., A. B. Campbell, M. D., Frederica Gladwin, M. D., and L. A. L. Day, M. D.

Appointment for Bureaus—Philosophy, Dr. E. A. Taylor, Chicago; Clinical Medicine, Dr. R. F. Rabe, N. J.; Materia Medica, Dr. Julia C. Loos; Surgery, J. H. Schalk, N. Y.; Obstetrics, H. H. Baker, M. D., Muncie, Ind.

The next place of meeting is Cleveland, Ohio.

AMBULATORY TREATMENT OF FRACTURES.

A. EVAN AYLER, M. D., GREENCASTLE, IND.

The treatment consists in placing the fragments in the proper position and retaining them there by some form of rigid apparatus which shall not cause discomfort to the patient. There are a number of contrivances used for this purpose, but the device which appeals to the mechanical sense and is a revolution in fracture surgery is the Ambulatory Pneumatic Splint, which is constructed on scientific principles. If properly applied, it gives peace of mind to the physician, as he is confident of success where he was accustomed to failures, less anxiety to the friends and comfort to the patient, and a shorter time confined to the bed. No general practitioner should attempt to reduce and treat a fracture of the lower extremity without this appliance. It provides extension and counter extension. holding the parts in apposition after being placed there, and no possibility of non-union nor deformity following the use of it, as it does away with weights and fracture boxes. Then, again, in compound fractures, the dressings can be applied or removed at will, and no danger of displacement following the procedure, as the axis of the bone is not disturbed.

I will quote a case of hip fracture treated by Buck's extension and the Ambulatory Pneumatic Splint method. Mr. J. W., aged 85, suffered an extra capsular fracture of the left hip two years ago. Treated him with Buck's extension, etc., for eight weeks, at the end of which time the splint was removed and leg manipulated daily for two weeks longer before he was able to assume the sitting position or to get around on crutches, which he did with assistance comparatively easy, until the middle of July past, when he was returning to the house from his front porch with the aid of his attendant, who cautioned him to stand still for a moment. But being of an energetic turn, thinking he was capable of navigating alone, struck out, when his crutch slipped and he fell. Fearing he would injure the lame hip, he threw himself to the right, falling heavily on that hip and fracturing it the same as the left. My attention was then directed to the Ambulatory Pneumatic Splint, which I applied, and his sentiments were: "This is comfort; sorry you did not use the same treatment before." The time confined to bed was just seven weeks, when the splint was removed. Patient up and about on his crutches, with perfect union.

Case 2. Ernest F., aged 12, was kicked by a horse, fracturing the tibia and fibula half way between the knee and ankle, and lacerating the soft tissues. After making the wound and surrounding parts aseptic with the necessary dressing, I applied the Ambulatory Pneumatic Splint. Dressed the wound as often as necessary without removing splint, and had perfect union of both bones.

Modern Clinical Medicine. Infection Diseases.

Edited by J. C. Wilson, M. D., Jefferson Medical College, and J. L. Salinger, M. D. D. Appleton & Company, New York, 1905.

This is a new publication, and is the first of a series which the publishers intend to issue at short intervals. The part done by Dr. Salinger consists of translations from "Die Deutsche Klinik," written by the foremost physicians of Germany, men who are authorities on their subjects. Many additions and annotations have been made by the American editors so that the work will represent in all its volumes the latest and best there is in the field of clinical medicine.

This volume is devoted to infectious diseases, and contains 925 pages, many illustrations and colored plates. It covers the entire field of infectious diseases. It has chapters on typhoid fever, diphtheria, scarlet fever, small-pox, erysipelas, etc.

The next volume of this series will be devoted to constitutional diseases and diseases of the blood, and the third to diseases of the digestive tract.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

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AUGUST 1, 1905.

Editorial.

THE MEETING OF THE INSTITUTE.

The recent meeting of the American Institute in Chicago during the last days of June may be counted as one of the notable meetings of that body. The attendance was, to us, a disappointment. A little over 500 members registered, and about the same number of visitors. Many of these visitors were physicians, some of whom were not members of their State societies, and so were barred from joining the national body. It is probably true also that all the members present did not register. It would have been a good thing for the president or the chairman of the local committee to have come before the meeting and urged that all members register at the Registrar's desk, also that a notice be posted where it could have met the eyes of all arriving physicians to urge upon them the necessity of registering. This is important, for it enables the chairman of the transportation committee to make a better showing to the passenger associations and would tend to secure better rates.

The weather was ideal throughout the meeting, and everyone was well satisfied with the arrangements provided by the local committee for meeting place, for entertainment and for headquarters. Chicago's profession certainly did well, and we trust they feel sufficiently rewarded for their winter's work. The souvenir program presented by them was an artistic work, beautifully illustrated and finely printed. The Hahnemannian pictures lent by the Medical Century made a fine frontispiece.

The change in the time for the next meeting, from June to September, to meet the requirement of the International Homœopathic Congress was a wise one, and it may be a wiser move to make the change permanent. September, especially in the early part, would suit many who find that June is not a good time to leave their practices, many having to return to finish up their work before taking off for the long vacation.

The addition of 348 new members was the result of the good work done by the committee on new members under Chairman Spaulding. It seems an insufficient number, but we may believe that much of the good work done by the committee will bear fruit in the future. With the large number of physicians to draw from in the Middle West it seems to us that the number should have been larger. Several of the State societies are now making it easier for members of smaller local societies to join them by abolishing the initiation fees. This is a move in the right direction; another good move would be to admit members to the Institute if they were members of their local societies. There are many local societies that are stronger than some State societies, and many in some States that are fully as strong and will bring out a larger attendance than the State society in that same State. We could cite the instance of an ex-president of one of these societies who would have joined the Institute had he not been required to join the State society. Not only was he an ex-president of the local sectional society, but a member in active standing in his local city homœopathic club. He doubtless felt that he belonged to all the societies he could afford to, both financially and in regard to time.

The O., O. and L. Society decided by a vote of 25 to 5 not to become affiliated with the Institute While we may consider the arguments presented against affiliation very weak, yet it would certainly be unwise for any affiliation when the sentiment is so decidedly against the union. It remains now to be seen whether the Institute, which has done all that could be asked of it will continue to allot time for the meetings of this society and to print its program in the Institute program. The chairman of the transportation committee will doubtless continue to vise the certificates of the members of this society who are not members of the Institute the same as is done out of courtesy to visitors. We trust the time may come when this society may become a part of the Institute; until that time, we suppose we may be permitted to attend their meetings and listen to any paper we may find on its program that is not too technical for our comprehension. We hope, too, they will continue to meet at the same time of the Institute that we may have this privilege with the least possible expenditure of energy.

We can find only one criticism of the entire arrangements. We believe the Bureaux of Homœopathy and Materia Medica should be given the best possible place on the program, that neither should be put on the first day nor the last day. We also believe that at the time of the meeting of these bureaux there should be no other work going on, no sectional meetings, no meetings of special committees, no clinics at neighboring hospitals, no dinners and no banquets to attract a single member from attendance upon these important bureaux. They represent the heart of the Institute, its very life's blood, and they are as important to the surgeon, to the electro-therapeutist, to the obstetrician, to the gynæcologist, yea, even to the O., O. and L.-ist as the special technique of these specialties. Here is where they will find, what ex-president Sutherland terms, "*that something better*" which distinguishes them from the specialists of all other medical schools. And to maintain their supremacy it is necessary that "that something better" be well known. We trust the executive committee in the future will arrange the program with special reference to these bureaux.

The question of the Institute Journal was, we believe, wisely disposed of. A committee has been appointed to consider the question from all its sides and report at the next meeting its matured plans for this innovation. With seven heads back of it we believe the decision of the committee will be in the best interests of the Institute.

The Trustees of the Institute for drug proving had several meetings, and decided to introduce a bill at the next session of Congress to incorporate and to place themselves in a position to receive and hold funds and to carry on the work. This board will doubtless have several meetings during the year, and will come before the Institute with some matured plans at the next meeting.

EDITORIAL BREVITIES.

Homœopathic Propagandism.

We stated in our last issue that there were several attractions at the recent meeting of the American Institute in Chicago, especially at the time of the Bureau of Homœopathics, which tended to lessen materially the attendance at the meetings of that Bureau. At no time were there more than 150 present, and as the subject chosen by this Bureau has so much to say to the school we deemed it wise to secure the papers of the same and present them to our readers. We have done this in this issue of the Medical Century, and we believe from the varied and broad fields covered by the essayists that the subject will be found of paramount utility and interest. We bespeak a careful readng of these essays.

It is with pleasure that we publish the following:
To the Editor of the Medical Century—

On page 215 of the July number of the Century describing the Institute meeting at Chicago I find the sentence, "The Bureau of Homœopathy, had it not been for its excellence, would have been a failure, as it had to compete with a number of attractions, such as a session of the Sanitary Science Bureau and a clinic at Hahnemann Hospital."

Inasmuch as there were only seven persons *in all* in attendance at the session of the Sanitary Science Bureau on that particular afternoon, while at the session of the Bureau of Homœopathy on the same afternoon there was an average attendance; it would be better, I think, to transpose the sentence above quoted so that it may read: "The Bureau of Sanitary Science, had it not been for its excellence, would have been a failure, as it had to compete with a number of attraction, such as a session of the Bureau of Homœopathy and a clinic at Hahnemann Hospital."

Why would it not be a good idea to have a standing committee in the Institute to instruct the newly elected officers from year to year how to arrange a program in which no bureau would have to compete with a *variety* of attractions, and whereby "a square deal" might be assured to all who take the trouble to write papers and to give their time and money to the Institute?

As the bureau meetings are arranged at present it is difficult for any one wishing to hear a certain paper read to be sure of either the time or the place where this paper will actually be read. Laxity of presiding officers in not calling time on those who encroach upon the rights of others is responsible for it in some cases; but the whole system is at fault and needs to be put on a business-like basis without "fear or favor."

This is not the wish of the Institute's enemies but of its friends.

Yours fraternally,
Clifford Mitchell.

Dr. Mitchell's contention is just. There should be at least one session of each bureau held when there is nothing else on the tapis, but more especially those of Homœopathy and Materia Medica, for these are the foundation stones upon which the American Institute rests.

Our San Francisco Hospital.

Mayor Schmitz, of San Francisco, in his address at the laying of the corner-stone of the new hospital in that city, spoke in part as follows:

I take special pride in the laying of this corner-stone because for years I have been a student of Homœopathy, and because of that fact I have become acquainted with the prejudice that existed against the homœopathic school ever since its origin. While engaged in this study I often said to myself that if I were ever in the position to give Homœopathy a fair, comparative test I would strain every effort to do so. Little did I think when I made that vow that I would have the opportunity of putting it into effect a few years from the time it was made.

When I was elected Mayor of San Francisco almost four years ago, the first thought that came to me was, "Now I shall have an opportunity of placing a Homœopath or Homœopaths on the Board of Health, of allowing them to introduce their school in our city hospitals, and to place them on an equal footing with the old medical school." As this was the first step in that direction, you can well understand that it was no easy matter for me to select a man in whom I had every confidence, in whom the profession had every confidence, and one who had the confidence of the entire community. I was fortunate, however, in selecting one who has proven that my confidence in his ability, his energy and his honesty of purpose was not misplaced. Ladies and gentlemen, as you well know, the one whom I selected stands here to-day as the one responsible for the starting of this great work, I refer to the Dean, Dr. James W. Ward.

The Cleveland College Exhibit.

Our attention has been called to an unfortunate omission in our report of the college exhibits at the American Institute meeting in Chicago in our July issue, and we hasten to correct the same. The Cleveland Homœopathic College had a most excellent exhibit of pathological specimens, together with students' records. Also the physiological laboratory presented fine exhibits. The latter laboratory in the Cleveland School is one they are justly proud of. It has been built up under the direction of Dr. G. W. Spencer, assisted by Dr. Claude Burrett, who is a graduate of that school, and who goes to Michigan to assume his duties as laboratory assistant in our university department there. We regret exceedingly to have made this omission it is possible that when we made our rounds the room was closed, at any rate we do not know how it happened, and are sorry for it.

Editor's Table.

GENERAL NOTES.

The indulgence of our readers is craved for our printer who had not got over the effects of the Fourth of July when our last issue went to press, and consequently saw backwards and reversed pages 213 and 214 of our Institute report. We realize that one can read the Century any old way and be edified and profited thereby, but we aim to have it as nearly right as possible.

Among the notable visitors from the South to the American Institute was Dr. A. M. Duffield, of Citronelle, Alabama. Dr. Duffield believes that Citronelle possesses the ideal requirements of a health resort, especially for those in danger of pulmonary troubles, and we are inclined to think the doctor is right. Citronelle is in the southern pine belt of Alabama, and does not possess the harshness and coldness nor the extreme elevation of some other resorts. Write to the doctor for some information as to Citronelle before deciding where to send your patients. It is on the Mobile and Ohio Railroad.

Dr. Frank Kraft, he of the American Homœopathic Physician, has given up his trip abroad and spends the vacation in California and other Pacific Coast points.

Dr. George W. Roberts spends his summer vacation in the wild west, visiting the Yellowstone Park, the Flathead Indian reservation, the Pacific Coast, Yosemite Valley, and the Grand Canon of the Colorado.

Dr. Homer W. Brigham, formerly of Grand Rapids, Mich., is summering at Lake Mansfield, Vermont.

Dr. J. B. Gregg Custis, of Washington, has been re-elected for the third time President of the Board of Medical Supervisors of the District of Columbia.

It is a matter of history that in 1867 a periodical called the American Homœopathic Record was authorized by the American Institute of Homœopathy. Dr. Henry M. Smith was editor. It met with such strong opposition that only one number was issued.

Among the interested visitors to the American Institute was Dr. S. E. Chapman, formerly of Watsonville, Cal. He is, perhaps, better known as "Lycopodium Chapman," for it was he who showed up the irregularity of the "Regulars" in good set terms some years ago.

Another Californian whom it was good to see was Dr. A. K. Crawford, formerly of Chicago, now of Oakland. Dr. Crawford has been really rejuvenated by his life in California, and is a true Californian. He wants the Institute to come to the Pacific Coast in 1907, and, of course, to San Francisco.

The Unanimous Club had its annual dinner in the Palm room of the Auditorium annex, Wednesday evening, June 28th. About forty congenial souls participated in the treat, and it was a treat, too; there was the best of everything to eat and drink and smoke, and the best of fellows to tell the best of stories, and the best men of the profession were present as guests; we noticed even those soon to be high in authority in the Institute as the president, first vice-president and second vice-president were among the guests, then the editors were there, too. Dr. A. B. Norton presided as toastmaster, and he makes a good one. The Unanimous Club is certainly all right.

Dr. W. J. Hawkes, of Los Angeles, was present at the Institute with an invitation to come to California in 1907; he would like to have it in Los Angeles, but would be perfectly satisfied with San Francisco.

Dr. H. E. Rice has changed his address from 647 to 541 Boylston street, Boston.

Dr. Homer I. Ostrom spends the summer at Speonk, Long Island.

Dr. Wm. E. Leonard, of Minneapolis, visited the Institute at its last meeting. The doctor's eye is not dimmed nor has his natural force abated though twenty-five years have elapsed since he and ye editor smoked German pipes together.

Dr. William Harvey King and family sailed for Europe the middle of last month to return September second. He reports the outlook fine for a good class at the New York College this fall.

Dr. G. B. Larkeque, of Athol, Mass., gave the Medical Century a pleasant call last month. The doctor has enjoyed a fine practice in Athol, and is looking for a successor.

Dr. A. P. Ohlmacher, recently of Gallipolis, Ohio, has been appointed Director of the Biologic Laboratories of Frederick Stearns & Co., of Detroit, and has entered upon the duties of that position, which are chiefly those of original research in biologic therapeutics.

Medical men familiar with the literature of pathology, bacteriology and serum therapy in America, know Dr. Ohlmacher as a pioneer investigator in these branches of science. He was one of the first bacteriologists in this country to immunize a horse against diphtheria, and to produce a serum of clinical value. His work attracted widespread attention, and it is significant that his papers published in 1894 on the preparation, uses and value of antidiphtheric serum still stand as authoritative utterances on the subject. This work was purely scientific, carried out on an extensive experimental scale, both in the laboratory and at the bedside, and antedated the commercial production of antitoxin in America. As a teacher and author Dr. Ohlmacher is equally well known to the profession, and the fact that he is to have entire charge of the important biologic interests of the Stearns house gives additional assurance—if any were needed—of the liberal attitude of that institution towards the scientific work which is the pride and glory of American medicine.

We have received the announcement of the Detroit Homœopathic College for 1905-6. It shows a flourishing and prosperous institution doing good work. Harmony seems to prevail in the college, and that is the strength of all institutions.

We learn that the Cleveland pathological exhibit was in the same room as the Boston University pathological exhibit. They were both fine exhibits, and show that we can teach pathology as well as any old school college.

We have received a souvenir postal card from Meissen, Germany, showing the Albrechtsburg, adjoining which, was the porcelain factory in which the father of Hahnemann worked. The greetings thereon were from Dr. W. H. Dieffenbach, of New York.

Dr. J. P. Rand, of Worcester, was recently elected Secretary of the Board of Trustees to the Massachusetts State Sanatorium for Consumptives at Rutland, Mass. At present there are 340 patient s under treatment. A new cottage, to be used as an infirmary, is about to be added to the institution, which will accommodate 24 bed cases, increasing the total capacity of the sanatorium to 400 patients.

We have received a call for articles on methods of self-disinfection and the various precautions employed for the prevention and spread of disease. Especially with reference to the contagious diseases. Will some of our subscribers favor us with the same?

Our sympathies go out to Dr. N. Emmons Paine, of West Newton, Mass., in his recent bereavement in the loss of his wife.

In the report of the Commission appointed by the United States Government for the study and treatment of hookworm anæmia in Porto Rico, a high compliment was paid to Pepto-Mangan (Gude); in fact, it was the only proprietary article mentioned in the report, and its virtues in this form of anæmia were praised. Over eighteen pages of the report mentioned its use. Our friends who manufacture this strictly scientific and ethical preparation may well be pleased with the recognition of its merit by our government, and we, ourselves, are pleased that at least one of the articles we carry on our advertising pages is of such sterling value as this preparation undoubtedly is. We know our readers have long ago found this out, but we rejoice that the highest authority in our country now endorses it.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

Dr. T. L. Macdonald moved his office and residence to 1501 Massachusetts Ave., June 15th. He goes to Kennebunk Port, Maine, for the usual summer vacation, July 9th.

Dr. Gregg Custis Birdsall has taken offices in the Valois.

Dr. W. Hayes Brown has returned to his old home, near Frederick, Md., and will conduct the Lingnore Hills Inn the coming season.

Dr. W. R. Buchanan has taken charge of a sanitarium at Cromwell, Conn.

The Clinical Club held its last meeting of the season at the home of Dr. Lewis, Rockville, Md., June 14th.

The following Washington men attended the Institute meeting at Chicago: Drs. J. B. G. Custis, E. S. Lothrop, George E. Lewis, Wm. Rufus King, and L. B. Swormstedt.

Dr. H. H. Hawxhurst has just returned from taking his family to New England for the summer.

OBITUARY.

Dr. Andrew B. Bishop.

Of San Jose, Cal., died on July 16th. He had practiced in that city over twenty years. He was a graduate of Hahnemann Medical College of Chicago.

Dr. Charles Lowry,

Of Topeka, Kansas, died on July 11th. Dr. Lowry was one of the most prominent physicians of our school in Kansas. He was a member of the State Board of Health, and was always deeply interested in society matters in his State. He left a large circle of friends to mourn his loss.

BOOK REVIEWS.

Homœopathic Therapeutics of the Ear.

By Dr. C. C. Boyle, M. D. New York. A. L. Chatterton & Co. 1905.

Here we have a work that is complete and compiled from all available sources on the therapeutics of ear diseases. It is refreshing to have a work on the therapeutics of any part of the body in a handy volume that may be easily referred to. There have been no more useful works than Bell on diarrhœa, Strong on constipation, Perkins on rheumatism, Ray on cholera, Gentry on the urinary symptoms and now Boyle on ear therapeutics will fill a place that heretofore has been left unfilled. We are glad to have it; we shall add it to the shelf whereon is found the foregoing as well as King on headaches and Shuldham on sore throat. The price of the work is $1, and we predict that it will have a large sale.

Manual and Clinical Repertory of a Complete List of Tissue Remedies. (Biochemistry and Cellular Therapy.)

By Dr. Med. Eric Graf von der Goltz. 244 pages. Cloth, $1.25. Postage, 6 cents. Philadelphia. Boericke & Tafel. 1905.

This is the latest work on the tissue remedies, and it abounds in new hints as to the uses of these valuable remedies, and especially are those useful wherein is compared the indications for our homœopathic remedies. It is a book that will serve a most useful purpose for those who use the tissue remedies. We can recommend the work with pleasure.

A Text-Book of Diseases of the Chest.

Pericardium, Heart, Aorta, Bronchi, Lungs, Mediastinum and Pleura. By Egbert Guernsey Rankin, A. M., M. D., Professor of Theory and Practice of Medicine, New York Homœopathic Medical College, Physician to the Metropolitan Hospital, Department of Public Charities and to the Flower Hospital, New York. With 65 illustrations. 744 pages. Cloth, $5.50. Half morocco, $6.50. Postage, 35 cents. Philadelphia: Boericke & Tafel, 1905.

This work is in accord with the latest there is in modern pathology, bacteriology; in fact, all channels of medical research as far as diseases of the chest are concerned. It discusses diseases of the heart and its membranes, the aorta, and the lungs and pleura, with a chapter on diseases of the mediastinum, and another on diseases of the diaphragm. It is a book that is well illustrated and printed, and one that will take an important place in the literature of our school. The treatment, so far as we have noted, seems of good homœopathic origin, and is given first place. We commend the volume as the best on the subject in our school.

Atlas and Text-Book of Topographic and Applied Anatomy

By Prof. Dr. O. Schultze, of Wurzburg. Edited, with additions, by George D. Stewart, M. D., Professor of Anatomy and Clinical Surgery, University and Bellevue Hospital Medical College, New York. Large quarto volume of 187 pages, containing 25 figures on 22 colored lithographic plates, and 89 text cuts, 60 in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.50, net.

In the preparation of this book Professor Schultze had in mind the need of a work that would combine the features of a text-book with the educational advantages of an atlas. He has produced a work of great merit, and not alone the anatomist but more particularly the general practitioner will knd it of constant value. Professor Schultze has presented his own methods for the study of anatomy—methods proved to be correct and practical by many years of clinical study. Throughout the work the value of the knowledge of topographic anatomy in bedside diagnosis is emphasized. The many colored lithographic plates and the numerous text cuts, sixty of which are in colors, are of exceptional excellence. Indeed, both for accurateness of detail and artistic beauty we have never seen their equal. The greater portion of the dissections from which these illustrations have been made are from the author's own preparations. Dr. George D. Stewart in editing the work has added many valuable notes.

Saunders' Pocket Medical Formulary.

By William M. Powell, M. D., author of "Essentials of Diseases of Children," member of Philadelphia Pathological Society. Containing 1831 formulas from the best known authorities. With an Appendix containing Posological Table, Formulas and Doses for Hypodermic Medication, Poisons and their Antidotes, Diameters of the Female Pelvis and Fœtal Head, Obstetrical Table, Dietlist, Materials and Drugs used in Antiseptic Surgery, Treatment of Asphyxia from Drowning, Surgical Remembrancer Tables of Incompatibles, Eruptive Fevers, etc., etc. Seventh edition, revised In flexible morocco, with side index, wallet and flap. $1.75, net. Philadelphia and London: W. B. Saunders & Co., 1905.

When a work has reached its seventh edition there can be no doubt of its practical usefulness. And it is not at all surprising to us that Saunders's Pocket Medical Formulary should have attained such popularity, for we know of no similar work containing so much useful, practical and accurate information in so small a compass. In this new seventh edition there have been added over 460 new and valuable formulas, selected from the works and private practices of the best authorities. The editor has shown rare discretion in the elimination of many obsolete formulas, inserting in their place newer and better ones, embodying a large number of approved new remedies. In its new edition this Formulary is thoroughly representative of the most recent therapeutic methods, and its convenient size and mechanical get-up make it the most desirable work of its kind on the market.

Malaria, Influenza and Dengue.

By Dr. J. Mannaberg, of Vienna, and Dr. O. Leichtenstern, of Cologne. Entire volume edited, with additions by Ronald Ross, F. R. C. S., F. R. S., Professor of Tropical Medicine, University of Liverpool; J. W. W. Stephens, M. D., D. P. H., Walter Myers, Lecturer in Tropical Medicine, University of Liverpool, and Albert S. Grunbaum, F. R. C. P., Professor of Experimental Medicine, University of Liverpool. Octavo volume of 769 pages, fully illustrated, including eight full-page plates. Philadelphia and London: W. S. Saunders & Company, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

This new volume in Saunders's American Edition of Nothnagel's Practice represents the latest word on the subjects of which it treats. And more than that, it is the undisputed authority on these subjects. For this American edition Dr. Ross has made many additions to the article on Malaria, so many discoveries having been made since the appearance of the original article. The articles on the Mosquito and its various relations to malaria comes from the authoritative pen of Dr. J. W. W. Stephens, of Liverpool. The Influenza and Dengue sections are equally well written. The untiring labor of the editors in preparing this work for the English speaking market is evidenced on almost every page by the lengthy and valuable editorial interpolations. This is the tenth volume in the series, and the eleventh one (that dealing with Diseases of the Kidneys and Spleen and with Hæmorrhagic Diseases) is promised very soon. When the series is completed it will undoubtedly form the best practice of medicine in existence.

A Text-Book on the Practice of Gynecology.

For Practitioners and Students. By W. Easterly Ashton, M. D., LL. D., Fellow of the American Gynæcologic Society, Professor of Gynæcology in the Medico-Chirurgical College of Philadelphia. Octavo volume of 1,097 pages, containing 1,046 new and entirely original line drawings. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $6.50, net; half morocco, $7.50, net.

Dr. Ashton's Practice of Gynæcology is a new departure in medical text-book making. The author takes up each procedure step by step, the student being led from one step to another just as in studying any non-medical subject. Nothing is assumed, Dr. Ashton in every instance not only telling what should be done, but also precisely how to do it. All the methods and details of technic described have been thoroughly tested by the author himself, so as to assure their value and accuracy. A very commendable feature is the departure from the old routine method of devoting a general chapter to physical examination. In place of this the author presents the examination of each organ separately before describing its diseases, thus greatly aiding the student in familiarizing himself with the technic. A distinctly original feature consists in the line drawings made especially for this work under the author's personal supervision from actual apparatus, living models, dissections on the cadaver, and from the operative technics of other authors. There are ten hundred and forty-six of these illustrations, showing the procedures and operations without obscuring their purpose by unnecessary anatomic surroundings. Definite and precise instructions are given regarding the preservation of specimens of morbid tissues and secretions, and their delivery in good condition to the patholgist. The fore part of the work, dealing with antiseptic technic, shows great care in its preparation, Dr. Ashton wisely describing only those methods which he employs in his own practice, in order that the reader may have a clear and definite conception of the subject. Very special attention has been given to the consideration of visceral injuries, and we know of no other work on gynæcology or general surgery discussing this important subject with the same amount of detail. This is decidedly a work for the general practitioner as well as for the student; and a good one.

Operative Surgery.

By Jos. D. Bryant, Professor of Surgery at Bellevue University Medical College, New York City. D. Appleton & Co.

This work, now appearing in its fourth edition, thoroughly rewritten, and, in fact, reset and printed from new plates, we believe will continue to hold its place as it has for a number of years as the best work upon operative surgery. It contains about 250 more pages than the previous edition and about 200 more illustrations. The very latest researches upon this subject have been brought out, and the reader will find in this work operations treated and methods mentioned which he will find in no other book or works. Special pains have been taken with the revision of "results of operations;" this is an important subject to the surgeon and to the general practitioner.

In the first volume the subjects of anæsthesia, shock, ligature of the innominate artery, opening of the mastoid antrum, intracranial neurectomy and goitre have been extensively elaborated, as have also the operations for aneurism and that for facial paralysis, special operations on the head of the humerus, paraffin injection for correcting nasal deformity and œsophagostomy, are some of the recent additions.

In the second volume operations on the stomach and intestines, the newer methods of intestinal anastamosis, in which there have been material advancement of late, have been brought thoroughly up-to-date. There have been added the anastamoses of Connell's suture, O'Hara's forceps, Coffey's crushable potato bobbin, Harrington's segmented rings, Lundholm's forceps, and McGraw's elastic ligature; also McGraw's recent method of colectomy, Moynihan's gastro-enterostomy, Mayo's pylorectomy and Finney's phyloroplasty have been added. Gastropexy, gastric ulcer, epiplopexy, choledoctomy, hepatic abscess and drainage of the bile ducts have been largely amplified. These subjects are all illustrated with new drawings, and the subjects made as interesting as possible in Dr. Bryant's clear and concise language.

In the text on the kidney, the recent anatomical considerations in connection with the operation of nephrolithotomy are emphasized. Nephropexy, nephrectomy and wounds of the kidney have been added to, and the subjects of renal decapsulation introduced.

On the topic of hernia there are introduced Halsted's latest operation for the radical cure of inguinal, Gordon's method for the radical cure of femoral, and Blake's and Mayo's methods for the radical cure of umbilical. The chapter on the anus and rectum and operations connected with the perinæum have been revised and rewritten by Prof. W. C. Lusk, of Bellevue Hospital, and among other changes are the introduction of Robson's anoplasty, Mitchell's operation for hæmorrhoids, Quenn's perineal and abdomino-perineal protectomy, sigmoiderectostomy and anal fissure. In the consideration of prostatectomy, Watson, Proust, Alberran, and Young have been consulted. The Bottini operation for hypertrophied prostate and Chetwood's modification have been included. On the bladder can be found Madyl's operation for extroversion, and Tildon Brown's irrigating cystocope. Becker's and other plans of action are a part of new matter relating to the surgery of the penis.

The new things which we have mentioned above give but slight conception of the up-to-dateness of this comprehensive work.

Among the miscellaneous operations are added Blake's suture for fractured patella, and also the very recent work on plastic surgery of the external ear.

The following poem, written by Dr. G. P. Waring, of Evanston, Ill., was read at the I. H. A. banquet, Chicago, June 23d, 1905, commemorating the one hundred and fiftieth anniversary of the birth of Dr. Samuel Hahnemann:

Hahnemann: A Philosopher.

The philosopher lives in a world of his own;
He lives with his thoughts while he's living alone;
He thinks through the night; he dreams through the day;
He bows to his friends, but has little to say.

He's living alone in a realm of great truth;
The world seems so changed since the passing of youth,
When he tasted of fashion, ambition and wealth,
When hè jollied the boys and drank to their health.

He's living alone, but his mission is clear;
He is prompted by truth, and its always so clear
To the philosopher's heart, whose soul is inspired
By a vision from God, and his life is required.

He lives with the stars; he courts nature's laws
In principle and truth; he promotes a great cause;
He accepts a hard task; he leads a long fight
As he travels alone, but he sees a great light.

Like Kepler and Newton, who climbed Calvary's hill,
And faced crucifixion, but wouldn't keep still;
The philosopher lives in a world of his own;
He lives with his thoughts while he's living alone.

As truth never dies, so the philosopher lives
In philanthopy's hope, not in what the world gives;
His monument is built by his works and his acts,
Established in principles and supported by facts.

Thus Hahnemann emerged, now a century ago,
Spurned by jealous critics, dogged by many a foe;
He proclaimed his vision, promulgated a law;
He had seen a great light, and he proved what he saw.

He renounced an old system of traditional wrong,
Thrust unanswerable logic in the midst of the throng,
Who with physic and leech, with emetics and lance,
Were treating the sick, giving life a small chance.

He announced a new system of healing the sick,
His guide was simile, with results sure and quick;
His enemies ranted, his friends were but few,
As he "rang off the old" and "rung in the new."

As he preached and he practiced wherever he went,
He was driven about, from home he was sent;
From country to country, from cities to towns,
Persecuted by bigots, meeting little but frowns.

But he followed the light, stood firm by the vision,
Never altered his course or changed his decision.
The Organon came to establish his view,
The Chronic Diseases, Materia Medica, too.

Hahnemann, a philosopher, of the very first rank,
Though the smart set may call him "a hayseed," a crank,
He gave to the world an unchangeable truth,
A blessing to millions and the oncoming youth.

A great man lived, though ahead of his time,
His laurels are many, his history sublime,
His monuments at Leipzig and Washington proclaim
A race benefactor, thousands cherish the name.

His mission's well finished, his work was well done;
We honor ourselves if we win as he won.
His life was so simple, his heart was so true,
Such a noble example for me and for you.

May his spirit ever become our great light;
May we all catch glimpses as we tarry to-night.
A revelation of truth he hands down to us all,
And he waves us to follow; have you answered the call?

Perfect Nutrition as a Vital Incitant in Temporary Asthenia.

As an agent for exciting cell activity and promoting the normal reconstructive functions in temporary stages of vital depression, following exhaustive fevers, acute infections or depressions from over-work, both mental and physical, Bovinine, in my hands, has given the most excellent results. In many cases where no actual pathological lesion could be deducted, but where cell activity was below par, and some powerful incitant and nutriment was urgently needed to place the patient upon a good fighting basis, where he could resist infection and overcome the sequellæ of cell exhaustion, the results obtained were both prompt and marked. The following brief case in point:

Miss N., aged 29, stenographer, who had become anæmic and physically depressed from close application to her vocation, came under my care March last. She had not menstruated for over two and one-half years, had lost nineteen and one-half pounds in that time, and suffered from a special hyperæsthesia and insomnia. On careful examination no distinct pathological condition could be induced except the blood impoverishment. She had been under treatment for two years, and during that time had taken the various forms of iron, arsenic, hydropathy, electricity, etc., until she abhorred doctors and medicines, and was in a fair way to become a fit subject for Christian Science. Her principal worry was that she would develop tuberculosis. She was put on Bovinine, in tablespoonful doses every two hours, being given in milk, and kept on this dosage for two weeks, when the quantity was increased to a wineglassful every two hours. Since then she has steadily improved, and at the present time she shows a gain of twelve and one-half pounds; is rosy, cheerful and confident of the future. Though brief, this clinical citation, I think, has some points of genuine interest for the professional mind.

D. F. N. Pampinella, Philadelphia, Pa.

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Surgery.

TUMORS OF THE BREAST.

BY CHARLES E. KAHLKE, M. D., CHICAGO, ILL.

Tumors of the breast when presented for operation are often so far advanced that the prognosis is frequently hopeless from the beginning, at least so far as cure is concerned. Why is this? Can it be prevented?

As to the first question there seems to be a number of explanations. First, The large size of the breast may obscure a tumor embedded in its substance. Second, The patient may not only be a poor observer, but there may be no symptoms that would give rise to the least suspicion. Third, If noticed the patient may not attach much weight to the matter, or out of fear that it may be diagnosed cancer she remains away from a physician. Fourth, The physician himself, because of the insignificant size of the tumor, its mobility, freedom from pain or palpable glandular enlargement, may consider it benign, or so small that he would like to try the effect of remedies before advising operation. He is often prompted to this decision by the dread of operation on the part of the patient.

For the sake of emphasizing the necessity of early diagnosis and a more prompt resort to radical treatment, let me call your attention to a few points which you already know:

First, Over eighty per cent. of all tumors of the breast are cancers. (Billroth, Schmidt, Bryant, Gross.)

Second, Nearly ten per cent. of all tumors of the breast are sarcomas. (V. Bergmann.)

Third, The remaining ten per cent., or less, of tumors of the breast, while benign, have a decided tendency to become malignant.

Fourth, A clinical diagnosis is often impossible.

Fifth, The microscope may once in a great while show malignancy of the axillary glands when the portion of the original tumor examined may show benignancy.

Sixth, Metastases occur in only about twenty-four per cent. of the cases during the first year. (Dennis.)

Seventh, If your patient is less than thirty years of age do not conclude the case is not cancer. Rather remember that carcinoma in young people offers a less favorable prognosis than in old people because of the richness and activity of the lymphatic system.

Eighth, After forty years consider every tumor a cancer, for at this age there are thirteen carcinomas to one benign tumor.

Ninth, Early radical operation should give more than fifty per cent. of cures (Rodman) ; if operation during first year, 75 per cent. (Dennis).

Tenth, Local recurrence may be prevented in seventy-four to eighty-two percent. of cases of even one year or more duration. (Dennis.)

These figures are rather appalling because they show:

First, A high percentage of malignant growths in the list of tumors of the breast; and,

Second, That a malignant growth may readily be mistaken for a benign tumor.

Third, That a benign tumor, if allowed to remain, may become malignant; and,

Fourth, That delay in radical treatment leads to metastases and incurable conditions.

This places a great responsibility upon the doctor whom the patient consults for diagnosis. It should make him very cautions and lead him to consider every tumor malignant until he can prove that it is not. If it is malignant it is surely operative, the earlier the better. If benign, it may become malignant; so it is really operative in practically every case. Every growth in the breast, if not clearly malignant, should be cut down upon, and, if found benign, and not involving more than one-quarter of the breast, it may be extirpated; if involving more, the whole breast is best removed. If malignant, the complete radical operation including clearing out the axilla. If, after the exploratory incision, there is still a doubt, the ideal way is to have sections frozen and immediately examined by a competent pathologist during the course of the operation, and treat the case according to the results of this examination. This facility, however, is not always at the command of the operator, so it is best to do the radical operation on all suspicious cases. Of course for this exploratory procedure you should have the previous consent of the patient to do whatever in your judgment seems best.

For the sake of completeness and to avoid slovenly methods in diagnosis let us look at some of the common tumors of the breast and their differential diagnosis.

Fibroid adenoma, the type of benign tumors, is, as its name would imply, a tumor made up of glandular and connective tissue elements, the one or the other predominating. It occurs, as a rule, in the third decade, early as you see compared with cancer. It has the characteristics of a benign tumor, i. e., circumscribed and comparatively smooth, motion independent of the breast proper; does not grow rapidly, does not become attached to the skin or underlying fascia, is usually free from pain, and is not accompanied by glandular enlargement.

Cysts are quite common; are usually multiple, occurring relatively early, and often in both breasts. They are usually small, movable nodules, and at times quite painful. Glandular enlargement, except in the inflammatory cyst, is not present.

Multiple cysts do not call for operation so long as they are not growing nor too painful, but they call for close surveillance.

Chronic induration of the breasts is very common in middle life and must be differentiated from carcinoma by the absence of the characteristics of malignancy. There is a localized or diffused induration of one or both breasts. The tumor, where localized, may be nodular, but does not, as a rule, present the great induration of the ordinary carcinoma, nor is it so fixed in the gland as cancer. There is no glandular enlargement unless there is additional infection. Cysts may be present in connection with these tumors. They are all slow growing.

Myxoma, angioma, fibro-adenoma, pure adenoma, lipoma, chondroma, sebaceous cysts, tuberculosis and syphilis of the breast are all very uncommon.

Sarcoma may occur at any age. The cysto-sarcoma usually between twenty and forty years. It usually remains in the capsule, and hence does not appear as an infiltrated tumor for a number of years; or the tumor may early involve the whole breast. Where large they present the same characteristics as large sarcomata anywhere. In the early stages it is difficult to distinguish between sarcoma and benign tumors.

Carcinoma occurs, as a rule, from forty-five to fifty, though, of course, it may occur much earlier, seldom before puberty. When first discovered it may be difficult to distinguish from a benign growth, but it soon takes on the characteristics of malignancy, i. e., an irregular, indurated, infiltrating growth, having no independent mobility. Its growth is progressive and always infiltrating, leading to early fixation to the surrounding parts (skin, fascia, muscles, etc.). Secondary glandular enlargement follows after the first year. The usual situation is in the upper outer quadrant or middle of the gland. One is no more justified in postponing his diagnosis till cachexia, ulceration, etc., develop than he is to wait for fæcal vomiting, thready pulse, etc., before recognizing an intestinal obstruction or an operative appendicitis. [Michigan Society.]

100 State Street.

Materia Medica.

COMMENTS ON SEVEN PROVINGS OF CHIONANTHUS.

BY GEORGE ROYAL, M. D., DES MOINES, IA.

I have three objects in presenting this paper today. First, To secure from this body some suggestions which may be of assistance to the Trustees of the Institute of Drug Provings. Second, To discuss with you the advantages and the disadvantages of medical students, as drug provers. Third, To leave with you a few suggestions as to the therapeutic uses of Chionanthus. While your Board of Trustees of the Institute of Drug Provings realizes the importance of making all possible haste in the work assigned it, yet, at the same time, it recognizes the fact that it is of greater importance to do everything it does as thoroughly and scientifically as possible. For this reason, we are taking ample time for developing the plans, formulating the rules and working out the details for the provings.

I wish to use the bulletin which I have placed in your hands and which contains the records of seven provings of Chionanthus as the basis for my remarks and your suggetsions. The provings were conducted according to the schema formulated by the committee of the O., O. and L. Society, known as the Bellows plan. A set of their blanks was used and the directions followed as closely as possible. My experience obtained from having directed four classes of provers working under this plan leads me to make the following suggestions concerning these blanks: First, That a blank for the preliminary examination, covering the entire field, be prepared. I believe such a blank would make the work easier for the directors of provings and would secure greater accuracy. I would still have the specialists use the preliminary questions now found on the blanks for their departments as they would serve as a most excellent means for correcting errors.

Second, I would suggest that the questions referring to the abdominal region be made more exhaustive, the location being more closely defined.

Third, For the benefit of both directors and students, if we are to utilize the provings of students, I would suggest a blank upon which the entire result of each proving may be so recorded, day by day, that when finished it may be seen at a glance. This could be done by putting at the left the headings as they appear in our schemas, and at the top a numeral for each of the days of the proving. Such a blank would greatly facilitate the labor of the compiler of symptoms; but the greatest advantage would be to both prover and observer were they medical students.

Medical Students as Provers.

Let us first consider the objections urged against students, which are: First, That they associate together, talk with each other about their symptoms, and as a result symptoms due to suggestions from such association are recorded.

Second, That students are too desirous of pleasing their professors, and hence manufacture symptoms.

Third, That students being familiar with the symptomatology of drugs and experiencing a few symptoms which belong to some particular drug think of the remainder of the group and record their thoughts as actual sensations. To my mind the first objection is the most serious one.

There is no doubt that being in the same room, seeing and hearing each other, especially if the symptoms be subjective and oft repeated, may produce purely imaginary symptoms unless the effect of the suggestions be neutralized in some way.

To do this I have been in the habit of using two remedies at the same time; giving one or more members of the class a different drug while the major part took the one which we desired to prove. While our class of ten was proving Belladonna, two took Euphrasia. I could observe no symptoms of Belladonna from the Euphrasia provers. In spite of this the fact remains that there is danger, and the examiners should be on their guard against symptoms caused from the daily association.

As to the second objection I do not consider it a valid one. I cannot conceive why a student trained to think, knowing the importance of the work, interested as he is in securing none but reliable symptoms, should have his judgment warped by his desire to please, more than a person who is proving at a stipulated amount per week. This comparisons, however, raises a few questions: Should a paid prover be used more than once? If so, how long an interval should he rest between provings? Should or should he not be informed as to whether he is to be employed again or not, and especially should he be informed that his re-employment depends upon the fact of his being a good or poor prover?

I have in my mind one prover of Silica who did not get over the effect for two years. Others regain their normal condition in a few days.

A prover like a tea taster may become an adept at discerning subjective symptoms. But to return to our students. I believe the third objection to be visionary. It seems to me that the objection assumes that the student is either dishonest or incompetent or both.

Let us now consider the advantages of having medical students for provers. In the first place their education, ability, honesty and interest in the work are equal to those of hired provers.

In addition their training is such that they are better observers than men and women who have no experience. After provers are trained this advantage would not exist. The student also has the advantage over the hired prover in having been accustomed to the use of words to express his sensations. He will use terms which are familiar to the compiler of symptoms and to the physicians who are to use the symptoms. But the greatest advantage is to the student prover and to the student observer. It teaches them that our drugs do produce symptoms both subjective and objective. It teaches them that symptoms do have modalities, modalities of time, of position, from telluric influences, from thermic influences, etc., etc.

Such work will help check the tendency to nihilism in therapeutics, which, I am sorry to say, is creeping into our colleges, and still more, into the profession of our school. When our students who have been grounded in the faith by personally producing symptoms in our class rooms and verifying them in our hospitals go out into the world they will be able to withstand the temptation of useless palliation at which the old school are past masters. It will check the nihilism preached not only by the old school but by many of our own specialists who claim to be able to do all things with their instruments; and, finally, it will prevent their becoming befogged by that mysterious mist which arises from the use of combination tablets and other unscientific compounds emanating from our own pharmacies.

These advantages, to my mind, outweigh all the disadvantages which can be mentioned, and make me a staunch advocate of medical students for drug provers.

Probable Therapeutic Uses of Chionanthus.

So far as I know there has been but one proving made of the drug prior to these seven. That was made by John W. Lawshe, a senior of the New York College. His proving was made the subject for his graduation thesis, and appeared in the North American Journal of Homœopathy, May, 1883.

The eight provers do not give us a complete proving of the drug because they are all males. Furthermore, prover No. 5 evidently contracted a severe cold the second day of the proving, which caused us to reject his symptoms, for five days, in making up our summary. If you will turn to our schema, found on another page, you may note, by looking under headings, eye, nose, face, mouth, throat, stools, pulse, urinary organs, skin, and thermic, that more than one-half of all the symptoms are objective symptoms, and that a much greater proportion of all the important symptoms are objective.

Mind.

Listless, apathetic, indifferent. Loss of memory —confusion.

Head.

Dull frontal headache better in open air. Pain over left eye. Pain at the root of nose. Head feels full and heavy. Pain over the eyes. Dull and also sharp pains in and through the temples. Throbbing in temples and vertex. The sensations are dull, heavy, pressing, sharp shooting and throbbing. The ameliorations are from fresh open air and from rest. The aggravations are from stooping, after eating, from motion, especially from a jar.

Eye.

Yellowness of conjunctiva and sclera. Profuse lachrymation, excoriating discharge. Redness of eyeballs. Sensation of dryness relieved by cold water. Burn and smart when reading. Pain in the eyes. Eyelids feel heavy.

Nose.

Dull, pressive pain at root. Sneezing. Right nostril stopped up.

Face.

A drowsy, listless appearance. Sallow complexion. Flushed and hot. Sensation of heat over face.

Mouth.

Profuse saliva. Sticky saliva. Sensation of dryness not relieved by water. A slight yellow coating of tongue.

Throat.

Profuse secretion. Sensation of dryness. Inflamed. Congested. Red. Tickling in pharynx.

Stomach.

Eructations, some sour, some tasteless. Loss of appetite. Variable appetite. Dull pains. Feels as if full of undigested food. Nausea.

Abdomen.

Rumbling. Dull, sore, sharp, shooting griping sensations in lower abdomen, all relieved by passing flatus.

Rectum.

Filled with flatus.

Stools.

Variable, yellow and soft, yellow and pasty, brown and soft, brown and lumpy, brown and pasty, dark, dark and lumpy.

Respiratory Organs.

Cough caused by tickling in larynx. Cough followed by a profuse expectoration of saliva and mucus.

Pulse.

Variable, ranging from 58 to 101; sometimes hard, sometimes soft; sometimes strong; sometimes weak; sometimes regular; sometimes irregular; sometimes rapid; sometimes slow.

Heart.

Sharp, shooting pain in the region of the heart.

Urinary Organs.

Increase in quantity. Amount of urea increased. Traces of sugar. Traces of bile.

Extremities.

Trembling and weakness. Fingers cold and clammy.

Back and Neck.

Pain, soreness and stiffness in muscles of the back and neck.

Skin.

Unusually moist.

Sleep.

Broken and disturbed.

Thermic.

Temperature ranging from 97° to 99.8°. Chilly sensations. Perspires easily.

General Symptoms.

Sensations of weakness. Sensation of trembling and weakness. Listless and indifferent, especially mental apathy.

The above schema was prepared as follows: The day books of each prover were first copied upon a blank similar to the one suggested, for the direction of provers. The heading mind, head, etc., etc., at the left of the blank in three inch space. At the top of the blank also in a three inch space the numerals 1, 2, 3, and for each day of the proving. This divided our blank into blocks three inches square. The prover then read from his day book his symptoms, while the observer recorded them in the proper square. These blanks were then studied by the director, who summed up at the right of the blank the symptoms of each heading.

When I say summed up I do not mean that he put down all the symptoms as they appeared on all the days of the proving, e. g., "Dull frontal headache," which appeared on seven different days appears but once in the summary, but has numeral 7 above it. Again, if the prover says, "A dull frontal headache" one day, and the next day says, "A dull aching pain in the forehead," only the former expression is used in the summary, and the numeral 2 is placed above it. When a symptom appeared twice or more in two or more provings, I had it put in capital letters. When it appeared twice or more in one proving or only once in two or three provings, I put it in italics. The other symptoms which I considered genuine I put in common type. I would have used numerals had I not been limited for printing funds. Upon another blank with similar headings at the left I put at the top numerals for the provers instead of days of proving, and in each square put the summary of each heading of each prover according to his number. At the right I placed the summary obtained at I did that of each prover. The result in this case is the schema which has been given you.

Probable Therapeutic Application.

A careful study of our schema would indicate that the field of action of Chionanthus is not a wide one.

Grouping together such symptoms as "listless, apathetic, indifferent, dull frontal headache better in open air, head feels full and heavy, yellowness of conjunctiva and sclera, eyelids feel heavy, sallow complexion, profuse saliva, sour eructations, loss of appetite, rumbling in the abdomen, dull, sore, sharp, shooting, griping sensations in the abdomen, generation of gas, variable stools, and traces of bile in the urine," and it is evident that our remedy will take a very prominent place in the treatment of hepatic troubles.

Looking the group over more carefully and adding to it the "Excoriating discharge of the eye, the redness of the eyeballs, the hot, flushed face, the variable pulse, also the chilly sensation," and we would expect that the condition of the liver for which it would be most useful would be catarrhal hepatitis.

On the other hand, if we group together such symptoms as "Increase in the quantity of urine, increase in the specific gravity, increase in the amount of the urea, traces of sugar in the urine, the dry sensation of the mouth and throat, the weakness and trembling, together with the mental apathy," we see a very fair picture of diabetes mellitus.

In one prover, however, although the amount of urine was largely increased the specific gravity was decreased. Thus we have a few of the symptoms of diabetes insipidus.

A few head, eye, nose, and throat symptoms, would suggest its use in acute influenza.

Finally the abdominal and stomach symptoms, together with the variable stools, would suggest its use in catarrhal affections of the gastro-intestinal tract. It seems to me, however, that these symptoms are secondary, the primary being the pathological condition which Chionanthus produces in the liver.

SOME OF OUR NEWER REMEDIES.

BY A. C. COWPERTHWAITE, M. D., CHICAGO, ILL.

At the present day there are very few remedies in our Materia Medica that could be strictly designated as new remedies, and those few, so far as our knowledge goes, are of comparatively little consequence.

About forty years ago the searching out and proving of new remedies, chiefly indigenous plants, become very popular with many of our school. This work was done largely under the leadership and direction of Dr. E. M. Hale, who was indefatigable in his labors. Tinctures and potencies (mostly tinctures) of almost every known plant of suspected medicinal virtues were scattered broadcast and provings galore resulted. These provings were mostly conducted by students and physicians, together with a few laymen and women. They were conducted in a haphazard fashion and practically without any safeguards to insure their reliability such as we would to-day consider necessary. The result was a great mass of symptoms, real and imaginary, some undoubtedly due to the action of the drug taken and many to other causes which we now better understand how to eliminate. These symptoms, together with considerable information drawn from eclectic sources, were compiled by Dr. Hale, and published by Lodge, of Detroit, in a volume, entitled "New Remedies." The labor was continued with unabated vigor by Dr. Hale and his associates, and resulted ten years later in two volume work, entitled "The Materia Medica and Therapeutics of the New Remedies."

I well remember the criticisms that were heaped upon the author and the prodigious work he had accomplished. It was claimed that the great majority of symptoms he had published were only chaff from which it would ever be impossible to separate the few grains of wheat that were hidden therein, and that the therapeutics he had given us rested on so flimsy a foundation as to be practically worthless. With these views I was in full accord, notwithstanding I had been one of the original provers. But time ever rectifies the mistakes and erors of opinion made by man. Thirty years have passed away. Dr. Hale has long since entered into his long rest, but the value of his work grows with each succeeding year, and has already proved a priceless heritage to his and succeeding generations. The chaff was there, but much less than was supposed, and much of that which was considered worthless has proved to be golden grain. Few realize that it is chiefly to this much criticised work of Dr. Hale that we owe our knowledge of Gelsemium, and Cimicifuga, and Baptisia, and Veratrum viride, and many other precious remedies. What would we do to-day without Gelsemium? This remedy has rapidly risen in favor, due only to its intrinsic merits, until I think I can safely say it heads the list of polychrests, and is more often prescribed, at least in this country, than any other remedy in the Materia Medica, not excepting Bryonia and Nux vomica; and what is worse, notwithstanding our advanced knowledge of influenza and similar diseases, and the generally accepted theory of their microbe origin, a thing totally unknown thirty years ago, yet if you will read Dr. Hale's masterly article on the therapeutics of Gelsemium you will find that there is very little to add and nothing to be taken therefrom. Let us then even at this late day give to Dr. Hale the credit that is due and revere his memory as next to Hahnemann, one of the greatest benefactors of the homœopathic Materia Medica, even though we may not have been in accord with what we may have considered his crude application of drug therapy.

At about the same time that Dr. Hale's book was published Dr. Schussler, of Oldenburg, Germany, wrote an article, entitled "A Shortened Homœopathic Therapeutics," which was published in the Leipzig Homœopathic Gazette. A few months later, in seven numbers of the Gazette, he gave a more detailed account of what he entitled an "Abridged System of Homœopathic Therapeutics." As is well known, he selected twelve drugs which he styled "tissue remedies," and which he applied according to his biochemic theory. He claimed that this theory was in no way related to Homœopathy. If it were not, even in his own mind, it is difficult to understand and explain why he entitled his new system an "Abridged Homœopathic Therapeutics." It is not the purpose of this paper to discuss the tissue remedies as such or to deal with Dr. Schussler's biochemic theories. One thing is certain, that in selecting his twelve remedies he displayed remarkable prescience and sagacity. That he selected Silicea and Natrum muriaticum is not surprising, their physiological action, and especially their pathogeneses, being so well established by numerous provings, and their valuable therapeutic powers along the same lines having been so repeatedly demonstrated. The other ten remedies selected, however, were little known in therapeutics, and, with a few exceptions, no provings of them had ever been made, their selection being based upon their presence as tissue salts or cell constituents. Their adoption by the profession was very rapid. Doubtless many of the profession hoped to realize in their use a short cut in Materia Medica and an abridged therapeutics. If so, this desire was not gratified. Years of experience has only proved the value of the tissue remedies along homœopathic lines, and has enlarged our Materia Medica rather than diminished it. Those physicians who use the tissue remedies only, to the exclusion of all others, are very rare, while almost every homœopathic physician finds in these inorganic salts a valuable addition to his armamentarium. It is unfortunate that a systematic proving of these valuable drugs has never been undertaken. Our knowledge of their action so far is almost entirely from clinical sources.

Perhaps the Institute of Drug Provings will do our school the great favor of furnishing the world with scientific provings of the unproved tissue remedies, and thus entirely remove their use from the realms of empiricism and lessen the necessity of basing their therapeutic use upon physiological or pathological grounds. I have thus referred to the unproved tissue remedies for the reason that though they have been in constantly increasing use for thirty years, yet they are, even more than those given us in Hale's work, new remedies, or at least may be listed among the newer remedies of our Materia Medica. The limits of this paper will not allow of their individual consideration.

I shall now only briefly consider the latest and most important additions to our newer remedies. These are Adonis vernalis, Avena sativa, Cratægus oxycacantha, Echinacea angustifolia, Grindelia robusta, Sabal serrulata, Stellaria media, and Stigmata maydis.

Adonis vernalis.

This drug reminds us of Digitalis, though its action is milder and is not cumulative. It is most useful in cardiac disease after compensation has commenced to fail, and is especially indicated when there is a lowered vitality, weak heart action, slow, feeble pulse, and dypsnœa and scanty urine. It often acts where Digitalis fails, and may be used when for any reason the latter drug cannot be administered. My own experience is that the greatest value of Adonis is where there is a feeble heart action with a weak, irregular pulse, but which is due only to functional disturbance. It is astonishing how promptly in such cases it will tone up the heart and strengthen and regulate the pulse, and usually prove curative. It is my experience that Adonis never gives rise to the serious consequences that in such cases often result from the continued administration of Digitalis.

In this connection I would speak of

Cratægus.

This drug, like Adonis, resembles in its action that of Digitalis, though milder in degree. It is chiefly useful in the same class of cases as before mentioned, and with the same symptoms, being slower but more permanent in its effects. Provings go to show that Cratægus is homœopathic to such conditions, and it is not unusual, in curable cases, for its effects to be lasting and apparently a permanent cure results. I have had this experience in several cases where only palliation had been anticipated. It may be indicated both before and after failing compensation, and its use may be long continued without harmful results, such as almost invariably follow the long-continued use of Digitalis. Like Adonis this drug is useful in functional heart troubles, but more especially when resulting from indigestion and heart failure threatens. It seems to have a wider range of action than Adonis, and promises to be of use in many other conditions, more especially in diseases of the kidneys, but after all it is likely that a weak, irregular heart action will, in all conditions, remain the chief indication for its use.

Avena sativa.

We know very little of the action of this drug outside of the fact that it is a powerful nerve stimulant. Its chief use is in nerve exhaustion, whether from sexual causes, brain fag, worry or from alcoholic excesses. Its action is exceptionally prompt, and is said to be more lasting than is that of other nerve stimulants. The dose ordinarily used is from two to thirty drops of the tincture. It is a valuable remedy in alcoholism where the victim is nervous and sleepless almost to the point of delirium tremens. It is also valuable in the treatment of the morphine and opium habit.

Echinacea angustifolia.

This is one of the most extensively used of the newer remedies. Our knowledge of the drug is almost exclusively from clinical sources. It is claimed that physiologically it augments the activity of all organs, tissues, secretions and functions, thus strengthening and purifying the blood in a very rapid and effective manner, and thus preventing and checking infection and correcting all resulting disturbances. For this reason it is a very popular remedy with Homœopaths and eclectics in all cases of blood poisoning and sepsis when not of traumatic origin. It is used in typhoid, scarlet fever, diphtheria, erysipelas, gangrene, puerperal sepsis and any other disease of an infectious character, even to snake bites, etc. It is often used both internally and locally for old sores and for foul smelling discharges from any source.

I have no doubt that Echinacea is a valuable remedy along the lines indicated, but, like all valuable drugs, its use is much abused. It is nothing unusual to find a homœopathic physician in treating any of the diseases mentioned exhibiting the indicated homœopathic remedy and alternating with it physiological doses of Echinacea to counteract the blood poisoning. If a homœopathic remedy is well indicated in typhoid fever, diphtheria, scarlet fever or any other septic disease it does not require Echinacea or any other antiseptic drug to take care of the blood poisoning. Such a use of the drug is pure empiricism, and I sometimes think that it is a question whether or not our use of Echinacea is not always empirical. Certainly it is not easy without any proving to guide us to figure out its action upon a homœopathic basis.

Grindelia robusta.

This drug through the pneumogastric nerve paralyzes the muscles of respiration and gives rise to the symptoms that have led to its successful use in asthma and bronchitis. I have seen it relieve the Cheyne-Stokes respiration in a very short time. In whooping-cough with profuse mucous secretion it is a valuable remedy. The chief indication for its use in all respiratory troubles is that the patient cannot breathe when lying down. Stops breathing when falling asleep, wakes with a start and gasps for breath. With me it has become a routine remedy in cases of Rhus poisoning. I use it both internally and locally.

Sabal serrulata.

The chief feature of this drug is its action upon the prostatic gland and the membrano-prostatic portion of the urethra in the male, and to a somewhat less degree upon the ovaries of the female. I think it is without question homœopathic to and our most efficient remedy in prostatic enlargement and in epididymitis, orchitis and other genito-urinary affections associated with prostatic troubles. It is often useful in ovarian enlargement, inflammation and irritation when there is associated a painful urination. It will aid in development of undeveloped mammary glands.

Stellaria media.

This may be strictly termed a new remedy, and it has not been sufficiently used, clinically, to verify to any extent the symptoms obtained in the recent excellent provings made by the University of Michigan Society of Drug Provers. It promises to be a useful remedy in constipation resulting from sluggishness of the functions due to congestion, coupled with shifting, intermittent, rheumatoid pains. Dr. Ibershoff considers it as undoubtedly homœopathic to rheumatism and gout. He also says: "Its head, stomach, liver and bowel symptoms all point to congestion, the morning aggravation and conditions of amelioration and increase being almost identical with those of Nux vomica, while the rheumatoid manifestations, their relief from motion and aggravation from warmth, resemble most closely those of Pulsatilla.

Stigmata maydis.

We have no homœopathic knowledge of this drug, and while it is thought that future provings will establish its homœopathicity to the conditions for which it is being successfully prescribed, yet so far its action is purely physiological. It has been used successfully in catarrhal cystitis and in suppression and retention of urine, not usually primary in character but due to prostatic troubles, renal or cystic calculi, etc. It is often combined in proprietary medicines and by eclectics with Sabal serrulata, with which it appears to maintain friendly relations. [American Institute of Homœopathy.]

CAMPHOR.

BY WM. BOERICKE, M. D., SAN FRANCISCO, CAL.

In a letter to Stapf, his most favored disciple, written in 1813, Hahnemann says: "I wish you to try the effect of Camphor, it is a divine remedy."

This appreciation of Camphor was in harmony with the popularity of the drug enjoyed at that time among physicians generally, who, however, employed it on therapeutical grounds either as a sedative or stimulant, that delusive method as a basis of therapeutics against which Hahnemann made such titanic onslaught. In studying the symptomatology of Camphor, we enter upon a veritable storm center of homœopathic Materia Medica, we are plunged nolens volens into the ever illusive primary and secondary and alternating effects as well as palliative and curative uses which this drug illustrates. At the very outset we meet with this not very reassuring prefatory statement by Hering:

"All our progress as a school depends on the right view of the symptoms obtained by proving with Camphor or with Opium."

What does Hering mean by this dogmatic assertion? An appeal to one of his ablest pupils, Prof. Aug. Korndœrfer, brought the suggestion that Hering's assertion was but a somewhat inaccurate generalization of what Hahnemann said in his prefatory remarks to Camphor and Opium in the Materia Medica Pura.

Of Camphor, Hahnemann says:

"The action of this substance is very puzzling and difficult of investigation, even in the healthy organism, because its *primary action,* more frequently than with any other medicine, alternates and becomes intermixed with the vital reactions of the organism. On this account it often is difficult to determine what belongs to the vital reactions of the body and *what to the alternating effects due to the primary action of Camphor.*" It seems to me that this statement of Hahnemann has invested the symptomatology of Camphor with some of the difficulties that it is credited with. There are some drugs that certainly do show an opposite action in large and small doses like Camphor and Opium, but this is by no means a constant thing or very generally applicable or even true unexceptionally in these two drugs. Hahnemann's attempt, as he did at first and throughout the Materia Medica Pura, to utilize homœopathically only the so-celled primary symptoms soon led into difficulties, and in the case of Camphor, to palpable limitations of its homœopathic employment, and later, to the *practical,* if not avowed abandonment of this division of drug action. The right view of drug symptomatology is, of course, all important to us as a school, and in the very outset we must discriminate between the palliative and truly curative drug symptoms and uses; between the direct, so-called physiological action by means of a definite dosage, on the one hand, and the homœopathic employment of these symptoms with the necessary sub-physiological dosage on the other; the homœopathic dose ranging anywhere from this sub-physiological base to the highest potency. The other condition for a right view, I judge, is in accepting *all* pathogenetic symptoms, whether so-called primary or secondary, early or late, such as are produced by large and poisonous doses, and such are produced by attenuations, including also, although tentatively, curative symptoms, *accepting all as legitimate symptoms for homœopathic prescribing.* This attitude, it seems to me, alone assures continuous progress; it discriminates with things homœopathic and non-homœopathic, and while it limits our domain it enlarges our view within that domain.

Says Hahnemann in regard to the use of Camphor in influenza:

"When the hot stage has already commenced, Camphor is of service *only as a palliative,* but an invaluable palliative, seeing that the disease is one of short duration. It should be given in frequent, but never increasing doses. It does not shorten the duration of the disease, but renders it much milder, and hence it conducts the disease innocuously to its termination. On the other hand Nux in a single dose, and that the smallest possible, will often remove the disease *homœopathically* in a few hours." Here, Hahnemann clearly differentiates between the palliative or antipathic and the truly curative or homœopathic uses of the drugs; one, Camphor, is here recommended for its palliative action and for this purpose, the dosage and frequency of administration seem to be important factors; and the other—Nux—a clearly homœopathic use of a drug by means of a potentized preparation.

Camphor is an example of medicine whose practical employment has been limited to some extent by the very brilliancy of Hahnemann's clear-cut delineation. Ever since Cholera first invaded Europe, his recommendation of Camphor and his cameo-like indications for it still form the guiding symptoms for its use by Homœopathists in collapsed states, whenever the vital powers are depressed with great coldness of surface. Chill and depression, then, are its most prominent effects, refrigeration its most characteristic state. This is seen in Dr. Cullen's case, that of a lady who took 40 grains, became insensible, pulse very weak and small, breathing hardly observable, *whole body pale and cold.* In another case it brought on such *extreme coldness* over the whole body that resembled death and which could hardly be removed by the aid of heat and wine. From these and many similar cases we are justified in making coldness and collapse with the restricting modalities, of course, the central guiding states for the selection of Camphor homœopathically, but this represents only one feature of its effects. These indications have served us well in the use of Camphor in the treatment of cholera and in any state attended by collapse. Besides this, the relation to early stages of colds, influenza and the undoubtable antidotal powers offer about the whole field for the clinical application of this remedy.

A further study of the provings shows many other symptoms that can be made the basis for homœopathic prescribing, to some of which I would like to call attention.

First, its stimulant action, much like that of alcohol, and here it is distinguished by its rapid, durable and widespread action on the nervous system, and is thus of certain benefit in the extremest states of debility of an acute type. Here it is at times successful when all other remedies fail. Given in the material doses of Rubini's tincture, it brings about reaction quickly. It is an open question whether such use is palliative only (though, of course, wholly justifiable), or truly a homœopathic procedure; if the latter, ought the curative response not come from a more minute dosage?

The *convulsive symptoms* of Camphor are very prominent in proving and poisoning. Thus to quote from Christison on Poisons:

"A gentleman took 40 grains of Camphor. In twenty minutes he was listless and languid, in an hour he became giddy, confused and forgetful All objects quivered before his eyes and a tumult of undigested ideas floated through his mind. At length he passed into total unconsciousness, and in that state was attacked with *strong convulsions*, frothing at the mouth and maniacal frenzy. After most of the Camphor had been expelled by an emetic the graver symptoms disappeared, but a variety of singular mental affections continued for some time."

Again:

"A young woman, after swallowing a piece of Camphor, was rendered speechless and powerless, and soon had a *violent convulsion,* lasting two minutes, after which she went into a state of stupor for about half an hour. In the morning pain in the head and chest remained."

"A child from a fragment of Camphor had *strong convulsions* with hot head and cold extremities."

There are numerous similar cases on record proving this marked feature of Camphor action. Only a few months ago one of my patients, a boy of sixteen, who had never had any illness to speak of except colds, and who always took, as a preventive measure, a drop of tincture of Camphor when he returned from his riding lesson, being then drenched with perspiration. On this occasion, his teacher, thinking one drop too minute a dose, administered half a dozen. On their way home in a car, the young man was seized with a violent convulsion that fellow passengers thought an epileptic fit. In a few minutes he recovered sufficiently to be taken home, where I found him exhausted but conscious and with no after effects of any kind. There is no doubt that the over-dose of Camphor was the only cause of this convulsion.

Homœopathically, Camphor would be indicated in convulsions brought on by repercussed eruptions in the course of acute disease, such a state seeming to correspond most closely to the general effects of Camphor. Dr. Goullon gives several cases where Camphor was given for erysipelas neonatorum where convulsive symptoms were prominent, and they all were cured by Camphor in the 3d potency. Spasms, generally in children, in the newborn with asphyxia, hysterical convulsions with much nervous excitement even frenzy.

As a contra-distinction of the refrigeration of Camphor we have heat and redness of the head and face, epistaxis, delirium, startings and jerkings, temporal beating, prominent jugulars, tinnitus and other symptoms of a congestive type. Tongue and mouth dry like parchment with increased pulse. Such symptoms are not usually associated with Camphor, or at least we have not utilized them therapeutically; nevertheless, they are equally guiding, especially if Camphor be given in potencies. The provings are full of these congestive symptoms of the drug, in some respects like Glonoin; and, indeed, like Glonoin, it has been of service in sunstroke, especially when there is a constrictive pain in the optical region and over the root of the nose, with unconsciousness, delirium, spasms, drawing the head to one side. So for other effects of sunstroke, unconquerable drowsiness, tonic spasms, cerebral congestion as well as erythema, for which latter it is specific, locally and internally.

Throughout Joerg's provings no indications of the characteristic Camphor refrigeration was noticed, its action on the brain being that of alcohol, and, as pointed out by that discriminating observer, similar, too, in the wide difference of receptivity of its effects in different persons and also in the subsequent reaction of depression and deep, prolonged sleep. A very marked feature, and one I have repeatedly verified in proving with the 30th potency, consists in the *fleeting stitches in the temporal region and orbits* but also elsewhere. Joerg emphasizes the same symptoms produced in his experiments. When these were produced with the 30th potency, I was not aware of this action of Camphor, and only subsequently read the symptomatology in confirmation. So suggestion is out of the question. Another type of headache produced by the 30th potency is a *general soreness of the head* at night, so that it awakened the experimenter. This, too, was experienced by Joerg on himself, being awakened by the pain. The brain was excited with increased rush of blood to the head and increased warmth of the face.

Again, another type of the Camphor action is an occipital *throbbing, synchronous with the pulse* also associated with red hot face. This symptom seems to be characteristic, and has been verified clinically repeatedly. With it we may have vertigo; he feels as if intoxicated, is uncertain in his gait, *feels as if lighter,* not touching the ground. The delirium and nervous excitement have also been verified in the treatment of the puerperal mania and in typhoid. Exhaustion and intolerable prostration and collapse, from which the mind sometimes rises to great maniacal excitement.

The effects of the drug on the sexual sphere are interesting. In Hahnemann's proving we find it seriously depressed the function for the first few days followed by reactionary excitement. In my observation with the 30th, the experimenter, whose sexual function had been depressed for a year, showed, together with the headache and pain in the left eyeball, considerable excitement, with erections and erotic dreams ending in emission, the latter an event that had not happened in years. The same prover also experienced rectal irritation as of piles, better sitting on something hard, and distinct symptoms of coryza, nasal mucous membrane much irritated, feels as if there were a constant discharge, but none was there. Nasal and rectal symptoms returned in the afternoon about 5 o'clock. I think these most probable effects of the 30th potency, every symptom a true Camphor symptom according to earlier provings with material doses, are interesting and prove that Camphor is no exception to the homœopathic method of drug attenuation. So the dogmatic statement of Hughes that "Camphor does not bear attenuation," and Prof. Jaeger's assertion that "Potentized Camphor is nonsense," cannot be accepted. Later, in his professional life, Bœnninghausen, that most distinguished disciple of Hahnemann, escaped from the thralldom of that limited view, and thereafter used the remedy in higher dynamization with results, as he says, that only then "enabled him to recognize the full measure of its important curative possibilities."

I see no reason for making an exception of Camphor, either in regard to its whole symptomatology as a basis for homœopathic prescribing, or in being confined and limited to a comparative material dosage. The very opposite of the classical coldness and collapse symptom group will prove to be invaluable guiding symptoms, and a range of potencies from the lowest to the highest, proven by the pathognetic effects and curative response of the 30th potency ought to be adapted to different degrees of susceptibility in patients.

Camphor has wide relationship to other drugs, inhibiting the action of nearly every vegetable medicine. Just what this antidotal action consists in it is difficult to say. Prof. Jaeger considers it a chemical action and explains it by the fact that Camphor being a powerful deodorizer, its volatile particles form an antitoxin chemically to all toxins that have invaded the organism or been produced within it. It causes chemical destruction of these, and, therefore, a larger dose is required with frequent repetition. And the procedure is harmless because in its action the Camphor itself is destroyed and thus out of harm's range, differing thus from modern antiseptics, which, though they destroy bacteria, have no effect on their toxins, which, by their presence, continue the poisonous action. Camphor does not kill bacilli directly, but destroys their nutritive soil and the toxic substances, both of elimination and decomposition. Be this as it may, before accepting any theory of drug action, remember Hahnemann's caution. His words on this subject are interesting:

"In the results achieved Camphor is as puzzling and wonderful as in its pathogenesis, for it antidotes violent action of very many greatly differing vegetable medicines (even the animal drug Cantharis), and it must, therefore, possess some general pathological action, which, however, we may never be able to designate by any general term, and we better not try to do so, lest we enter into the realm of shadows where knowledge and perception cease and imagination offers dreams as truths. In one word, we then leave the guidance of clear experience, grope in the dark, and as a result of our desire to enter the inner essence of things we reap but hurtful error and self-deception. We dwell, then, in the midst of hyperphysical speculation with which the presumption of small natures so readily provides itself." [American Institute of Homœopathy.]

Sanitary Science.

SANITARY HYGIENE.

BY A. B. SPINNEY, M. D., REED CITY, MICH.

When I received my assignment of "Sanitary Hygiene" as my contribution to this meeting, I was glad, for to my mind there is no department of medical science so important, and were it perfected in all walks of life and among all peoples there would be precious little use for you and I, gentlemen, and all the rest of our profession.

If Japan does nothing else for the world she is just now in this war teaching all nations a wonderful lesson in the merits of hygiene. Could we get the public ear, wake up the "city fathers," and teach the common people what we all know of the causes and dissemination of disease we might hope for a speedy lowering of the death rate. But it is a grave question if we, as educated physicians, are doing all that we might to render the public familiar with sanitary laws, especially those concerning the causation and spread of disease and the means of prevention. Our whole duty is not finished when we enter a house, prescribe medicine and depart. We should teach the nature, the origin and the cause of the sickness, the most likely channel or channels through which the disease was contracted, and the most reliable means of preventing its recurrence or spread. The teachings of hygiene are frequently assailed by hostile attacks, and proof is demanded that the practice of sanitary precepts has resulted in the betterment of the conditions under which mankind lives in the prevention of disease or in the saving of life.

We cannot truthfully say that every so-called sanitary precaution is beneficial or necessary, or that every article in the sanitary code is based on that which is proved to be sound, but we can combat adverse criticism with an array of evidence that should convince the most sceptical as to the importance, yea, the profound necessity, of an intelligent sanitary control of the conditions under which we live. For instance, until the beginning of the present century the average mortality from small-pox in Prussia was 3 per 1,000 of population. In times of epidemic this was increased to an alarming rate. Since the introduction of compulsory vaccination the mortality from this disease has fallen to its present figure of 0.03 per 1,000 of population, and now in many provinces of Prussia cases of small-pox are looked upon as medical curiosities. In London, during the seventeenth and eighteenth centuries, the annual death rate from this disease ranged from 2 to 4 per 1,000 of population; with the introduction of general vaccination it had fallen for the interval between 1883 and 1892 to 0.073 per 1,000. The Imperial Health Bureau at Berlin calculates, from the statistics of mortality for small-pox for the periods between 1845 and 1869 and 1875 and 1885, at least 74,000 lives have been saved through vaccination in Prussia alone. Reductions in the mortality from this disease analogous to those just cited have occurred in all countries where vaccination has become general. By virtue of proper attention to diet, cleanliness and habitation, scurvy has practically disappeared from among civilized peoples.

Typhus fever, under modern sanitary conditions, has become a rarity, and by attention to the drainage of soils and the introduction of pure water for domestic purposes, it has been demonstrated that cholera and typhoid fever can be almost eliminated. As proof of this consider the remarkable reduction in the typhoid death rate in the city of Munich. In 1856 the mortality from typhoid in Munich was 2.91 per 1,000 of population. At that time the soil of the city was honeycombed with cesspools, and a large part of the water supply of the city was obtained from wells and pumps sunk in this soil. Between 1856 and 1887 the condition of the city underwent, at several conspicuous periods, a radical sanitary reform. The cesspools were filled and the introduction of new ones were prohibited. An elaborate system of sewers was introduced, pumps and wells were abandoned, and a pure water supply was brought from a source that was beyond a suspicion of pollution. As a result of all this, the mortality from typhoid fever fell, and in 1887 it had reached the very low ratio of 0.1 per 1,000 of population, a reduction of about 96.6 per cent. in the deaths from this disease alone. Within less than one year after the adoption of approved methods for the purification of the water supply of Lawrence, Mass., the death rate from typhoid fever was reduced nearly 59 per cent., and in Chicago the deaths from this disease were diminished approximately 60 per cent. within a year after the domestic water supply was obtained from a non-polluted source.

These few illustrations, not to mention the advantages that have accrued from increased attention to personal hygiene, to diet and clothing, to the laws of disinfection, isolation and quarantine, should serve as convincing proof that the efforts of the hygienist have not been in vain; that they have not only been of enormous benefit to mankind, but with the increased store of knowledge that is constantly accumulating, they are still further capable of such benefits. Already countless lives have been saved, the longevity of the human race has been increased, and in every way the conditions under which man lives are better than they were a few years ago, but in citing illustrations of the advances that have been made along the lines of hygiene and the good that has been derived from them, it is not my desire to leave the impression that the millennium has arrived, or that our stock of knowledge on the subject is complete or satisfactory in all its details, or even that the knowledge we possess is utilized to the extent that its importance demands.

When we realize that the majority of all deaths is still from preventable causes, most of which are already quite familiar to us, it is manifest that this must be in a large measure due to an indifference on our part to put into practice even that knowledge which we already possess for their prevention.

I consider it quite within the bounds of discretion and moderation to declare that by the indefatigable practice of the principles of sanitary science that we now know to be sound in regard to the prophylaxis and management of the commoner infectious diseases, to the hygiene of infancy, to diet and clothing, the death rate from preventable causes would be conspicuously reduced, and this, too, without adding one new fact to the sum total of the knowledge which we now possess.

As my time is limited I wish to consider the sanitary conditions bearing on just four diseases, tuberculosis, typhoid fever, Asiatic cholera and dysentery.

Tuberculosis,

Perhaps the most dreaded foe of mankind at present is tuberculosis, which I think the medical world admit to be a transmissible disease if not a contagious one, yet I am not going far afield when I say that could we enforce perfect sanitary conditions we would in one year reduce the death rate from that disease one-half. We all know that it is caused by a specific micro-organism, the rod-shaped bacillus tuberculosis, but not one of us believes for an instant that if to a number of individuals in sound health this micro-organism gains access tuberculosis will with certainty result in all cases. There are other factors that come into play and must be taken into consideration. On the one hand, there are circumstances that modify the disease-producing powers of the micro-organism, so that at one time it may be comparatively feeble as regards this property, while it is infective to the fullest extent at another. On the other hand, there are modifying influences constantly at work on the individual, some of them placing him in a condition to resist the most virulent forms of infection, while others so modify the normal vital resistance with which nature has provided him that he readily falls a victim to what would otherwise be a comparatively insignificant foe. Heredity in disseminating the disease is most conspicuously exhibited in the perpetuation of a particular condition of vitality that renders the individual endowed with it peculiarly susceptible to this form of infection. Every tuberculous person is a source from which the disease may be disseminated, and it is unfortunate that the word "contagious" was ever applied to it, as it has raised unnecessary alarm and often defeats the efforts of the sanitarian to detect the cases and instruct them in the precautions that they may take for the protection of those with whom they are associated. The most important personal safeguard is through disinfection of the sputum and other discharges from persons suffering from the various manifestations of the disease, and every patient should be impressed with the fact that he is a possible source of infection, and instructed in the simple details to control the spread of the disease from himself to others. If he be a pulmonary case the sputa should be spat into covered vessels containing a disinfectant fluid or into plain water which is subsequently to be boiled.

All cups to receive sputa, other than the paper ones that are to be burned before they dry, should be scalded at least twice daily with boiling water. When circumstances will not allow of the use of the sputum cups then cheap handkerchiefs or napkins should be provided to receive the expectoration and burned after using. All bed clothing or night clothing should be at once removed and scalded when soiled with tuberculous sputum or discharges. Eating utensils and napkins should be scalded after use, and the refuse of meals should be scalded or burned, never used by others. The living and bed room of the patient should be kept scrupulously clean and no dusting tolerated, but when necessary all articles should be wiped with a cloth moistened with a 1:1000 bichloride solution, or a 3 per cent. solution of carbolic acid. The importance of this precaution is illustrated by the marked difference between the dusts from medical wards in hospitals and the surgical wards, where in one the importance of cleanliness as a factor in asepsis is kept constantly in mind, and in the other a degree of laxity is tolerated.

According to the eleventh census, United States, 14.8 per cent. of all the deaths occurring in New York City for the six years ending May 31, 1890. were from some manifestations of tuberculosis, 13.5 per cent. in Brooklyn, 14.1 per cent. in Philadelphia, 18.5 per cent. in Boston, 14.4 per cent. in Baltimore, and 16.5 per cent. in the District of Columbia.

According to the same document the number of deaths from this disease in these cities for the same six years was greater, and in some cases much greater, than the deaths from scarlet fever, diphtheria, typhoid fever and diarrhœal diseases, excluding cholera infantum, put together.

For the twenty years ending with 1894, the average number of deaths that occurred annually in England from tuberculosis was 67,342, while the average numbers from scarlet fever, diphtheria, typhoid fever, diarrhœa and dysentery put together gave a total of but 40,954. With such figures before us it is scarcely necessary to discuss the advisability of employing measures to suppress this disease. For the public welfare all tuberculous subjects, who, through ignorance or poverty, or both, cannot properly care for themselves, should become a public charge, and for their hygienic control sanatoria, with proper medical attendance, comfortable surroundings, and the necessary facilities for isolation, disinfection, etc., should be provided at the public expense.

There is a popular prejudice against the establishment of consumptive hospitals in the midst of crowded neighborhoods, but if we consider for a moment that the object of such institutions is the segregation under expert sanitary control of infected individuals who would otherwise mingle with the public freely under no control whatever, it is evident that the objection arises more from sentiment and ignorance concerning the functions of such institutions than from any danger that their presence might involve. It is to be hoped that the day is not far distant when we shall see such sanitariums in every State in the Union.

Typhoid Fever.

In considering typhoid fever we know the bulk of evidence points to bacillus typhosus of Eberth and Gaffky as the specific cause of this disease, and from the history of the epidemics that various localities have experienced that infected water or polluted milk has been the chief disseminating factor.

While it is disseminated in a variety of ways, chiefly through the water, the soil, and through green vegetables, salads, etc., that are eaten raw and that have been fertilized with human manure, it is not infrequently disseminated by milk, which has become infected by the use of water in the dairy that has been polluted with typhoid evacuations. Attention has recently been directed to raw oysters as a possible disseminating factor of this disease. The outbreak of typhoid fever at Wesleyan College, to which Conn directed attention, see Medical Record, December 15, 1894, is believed by him to have been caused by the use of oysters that had been "fattened" in water polluted with typhoid evacuations; an outbreak of the disease in England is believed by Broadbent, see British Medical Journal, January 12, 1895, to be due to the same cause. There is no evidence that the disease is disseminated through the air, but milk and other foods may become infected by insects that have been in contact with fresh typhoid stools, and thus become means for conveyance of the infection. It is undoubtedly often disseminated by unclean personal habits, such as are found among men crowded together in military camps, where there is little doubt that the infective agents are directly carried from the sick to the well, especially while the former are in the early stages of the disease or are mildly affected, and perhaps the most fruitful sources of infection under these sircumstances are the cases so mild as to be unrecognizable, therefore, not subjected to proper sanitary supervision, but capable of disseminating the disease in its most virulent form to susceptible persons with whom they are intimately associated. The disease is not contagious and is not spread by breathing the same atmosphere with a typhoid patient, but infection occurs by way of the alimentary tract; in other words, it results from actually swallowing materials that have come directly or indirectly from the bowels of individuals affected with the disease. We have no evidence that it occurs in any other way. It would be useless to take your time with a resume of the various epidemics of this dread disease, as it is generally recognized that the most potent factors in diminishing the widespread occurrence of it in communities are an unpolluted water supply and a reliable system of sewage disposal. The most important domestic measure is the disinfection of all bowel discharges from all suspicious cases of intestinal trouble. This point cannot be too strenuously urged, as the stools are the only known source of the disease, and as they are easily rendered inert, The frequency of the disease may be materially reduced by attention to this point. As bichloride is such an active poison there are objections to its use in general practice, but you can secure perfect disinfection by the use of milk of lime, or, in other words, a fluid whitewash. It should be used for the disinfection of fæces, privies, gutters, etc., and when so employed should be mixed with the mass to be disinfected until the whole reacts distinctly alkaline as determined by the use of litmus paper. For the disinfection of typhoid stools a good rule is to mix an equal volume of milk of lime with them thoroughly, and let stand covered one hour, then dilute with boiling water and pour slowly into the water closet, letting the flush run at the same time. All body and bed clothing that has been soiled with intestinal discharges, all towels, napkins, and, in fact, all wash goods when taken from the patient, should be placed immediately into a covered vessel containing a three per cent. solution of cold carbolic acid and allowed to soak for at least three hours, then rinsed thoroughly in a fresh solution of the same, and then laundered in the usual manner. The eating utensils should be scalded thoroughly with boiling water after each meal, and all refuse of food should be burned. All articles used for the patient, as toilet paper, washcloths, etc., should be burned as soon as used. After attending the patient the nurse should carefully rinse her hands in 1:1000 solution of bichloride, after which they should be thoroughly washed in warm water and scrubbed with a nailbrush. In times of epidemic or in localities where the disease is prevalent, all water and milk should be heated to from 60° to 70° C. for at least fifteen minutes before being used. and, if cooled, it should not be by the addition of ice but by placing the vessel containing it into the ice chest, using a vessel that has been previously scalded. Since the micro-organism causing the disease is easily destroyed by heat there is no more useful agent in disinfection than boiling water. What has been said concerning typhoid fever is also true of cholera and dysentery in general, but in cholera the vomited matter is quite as dangerous as the bowel discharges, and the mildest cases are just as capable of infecting others as the most virulent. After death from any of this group of diseases a pledget of cotton wet in a five per cent. carbolic acid solution or a 1:1000 of bichloride should be placed in the anus, the body wrapped in a sheet soaked in the same solution and buried or cremated as soon as decency will permit.

As to the mode of disposal of the dead there is much to be said in favor of cremation, although burial will attain the same results. It only takes a longer period of time. [Michigan Homœopathic Society.]

Homoeopathics.

HAHNEMANN'S BIRTHDAY.

BY CHAS. B. GILBERT, M. D., WASHINGTON, D. C.

[A paper read at the celebration by the Washington Society,* April 10, 1905.]

From time immemorial physicians have considered disease to be a material entity which had to be combatted by means of another entity acting in the opposite direction, but Hahnemann denied this, and asserted that it was a disturbance of the vital force, which, in reacting against that disturbance, manifested itself by means of symptoms, he says: "Diseases are produced only by the morbidly disturbed vital force, hence the manifestations of disease discernible by our senses at the same time represent every internal change (i. e., the entire morbid disturbance of the dynamis), and expose to view, so to speak, the whole disease." (Org., p. 12.)

This statement does not apply to the chronic, the contagious, the infectious or the specific diseases, but to acute diseases, of which he farther says: "Only this abnormally modified vital force can excite morbid sensations in the organisms and determine the abnormal functional activity which we call disease." (Org., p. 11.)

This view was not accepted in Hahnemann's time: even some of his professed disciples never fully entered into the spirit of the homœopathic doctrine, which is unfortunate, for unless we can understand the nature of that with which we have to deal, no matter what it is, we cannot give it that intelligent treatment which we would otherwise give.

Hahnemann claims that disease cannot exist without symptoms, and that if all the symptoms have been removed curatively, and not merely suppressed, there will be nothing left but health; he then quotes Hufeland: "Homœopathy can remove the symptoms but the disease remains." Hahnemann then exclaims: "So dreadful is still the blindness of the old pathology." . . . "No wonder that it could only produce a system of therapeutics which is solely occupied with scouring out the patient" (Org., p. 8, footnote), referring to Hufeland's recommendation of the use of emetics and purgatives. And so the battle went on as long as Hahnemann lived; so it goes on to-day with most of the old school, who do not think for themselves but blindly follow tradition; but here and there arises a member of that school who has trodden the beaten path and has found that instead of leading up the mountain Excelsior, as he fondly believed, it has merely wound around the foot, bringing that member out, after years of endeavor, at the starting point; these physicians declare that acute disease has a dynamic origin, and consists in a disturbance of energy and is not caused by a germ; that cases of the same disease must be differentiated and cannot be treated alike, because the concomitant symptoms are different, perhaps having heard at last that "what is one man's meat is another man's poison;" but they do not give the credit to Hahnemann, whose teachings they have adopted; he is never quoted; on the contrary they try in the most absurd way to explain the fact away from Hahnemann and Homœopathy, and they still keep up the cry that homœopathic patients are cured by nature, and declare in an explanatory manner, being forced to it by the logic of events, that the Homœopaths have taught the profession that people can recover from even severe diseases with nursing alone. The fact that an old school physician does not give much medicine establishes him at once in the minds of the laity as in the front rank of physicians of that school.

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*"Did Hahnemann recognize the real cause of disease?"

Christian Science—or mental healing, or any other of the name by which the ideas are called, each claiming to be right—which is making such inroads upon the old lines of thought, and going as far beyond the rational as the old ideas were opposed to the truth in the opposite direction, has adopted the teachings of Hahnemann, and has a cause in the mind for all diseases except the venereal, perhaps; they are right in many cases, at least; for instance, a cold in the head is caused by anger; it has been stated by Dr. H. C. Allen that he has never seen a case of cancer that did not have a history of grief, a fact which is also declared by the Christian Scientists.

No one was a firmer believer in contagion than Hahnemann: he attributes it to living, invisible creatures which have in themselves the power of carrying contagion; after the discovery of bacteria the profession went wild with the theory that all diseases are due to them, but no one has been able to prove that they are the cause of disease rather than the associate of them. The late Dr. Gihon, of the Navy, used to tell his associates that they were the best friends they had; when one reflects that they have been found in the udders of healthy cows before milking, in the throats of healthy people, and even in the blood, we may well question whether it is safe to base our treatment on the theory of the bacterial cause of disease, it being a fact that those physicians who do so are not only not homœopathic in their treatment but are behind the advanced members of the allopathic school.

It is often asked, "What would Hahnemann say to-day in the light of the new discoveries about disease and the new methods of diagnosis?" It does not seem pertinent to ask or necessary to answer that question about a physician who was so far ahead of his time and whose far-seen teachings are still being verified by scientific laymen of the old school even more than by his professed but halting followers.

When we reflect that not one of Hahnemann's teachings have failed us at the bedside (though we often fail ourselves, also) when we reflect that he was conversant with all the instruments of precision in his time, and was also an inventor of instruments, that he was an expert at diagnosis and ignored nothing that could contribute to a knowledge of disease, saying to his followers that they should neither accept nor reject any new proposition without sufficient reason, we can answer the question by saying that if Hahnemann could be alive now he would do just what he did during his lifetime, and what his most intelligent disciples are doing—prove all things, hold fast to that which is good.

The present generation of physicians does not know much of what it owes to Hahnemann, and only those who by reading are somewhat familiar with the practice of one hundred and fifty years ago can form a proximate idea of what they have gained; it is not our school alone that is indebted to Hahnemann, the old school owe him quite as much, although they are loth to admit it; the greater tolerance of homœopathic physicians is a tacit acknowledgment of it.

Whether we say scrofula, dyscrasia or psora makes little difference; there is something which is recognized as underlying chronic disease, and we are indebted to Hahnemann not only for elucidating it under the name of psora, but for demonstrating in connection with it, that diseased conditions suppressed are not diseased conditions cured; if he had done nothing more for the world than that, it would have been sufficient to immortalize him; but when we remember that he has given us that fact in addition to his demonstrations in regard to acute diseases, we should be doubly thankful in acknowledging all that we owe him in this year of our Lord, 1905, the sesqui-centennial of his birth, the one hundred and twenty-sixth anniversary of his graduation in medicine, the one hundred and ninth of its introduction into the United States; not since the Christian era has one man done so much for the world; it is fitting that we celebrate the event.

It is not alone in the realm of curing disease that Hahnemann was pre-eminent; as a sanitarian he was far ahead of his time, as any one may see by reading his articles on how to prevent the spread of malignant diseases; not only was he ahead of his time, but his directions are not surpassed today, and are much more strict than those of our own health officer; in these bacterial days, even, his description of the manner of the spreading of contagious diseases should satisfy the most exacting.

Given, then, a man who was a hundred and more years ahead of his time, one whose teachings have been verified by his followers and unwillingly by his opponents, a man who has done more than any other to lift the practice of medicine from a theory up to the level of a science, the Society does well in placing a wreath of laurel upon his monument with the year of his birth marked in immortelles. Let us reiterate his motto, Aude sapere, dare to be wise; only by so doing shall we be fit disciples of the great Master.

Miscellany.

FOREIGN HOMŒOPATHIC LITERATURE.

EDITED BY P. W. SHEDD, M. D., NEW YORK.

Reactions of ℞ ℞. are commonly embraced in what are termed ameliorative and aggravative conditions; local or general. General reaction is where the whole syndrome is affected, as the > by motion of Ferrum; local reaction where a symptom or symptom-group is concerned, as the > of the arsenic headache by cold, while the general reaction of the remedy shows > by warmth.

These modalities from the essence of homœopathic therapy. They rise from the deeps of Hahnemannian philosophy. One can be a good physician without being a Homœopath; one can be a good Homœopath without being a high potentist, but one cannot be a good Homœopath without understanding the value of modalities. He who neglects them will remain in gross organo-pathology, and the subtlety, the specification of homœopathic thought will be foreign to him. He will be inclined to place animal experimentation on a par with human provings. But the ancient axiom: "Like may only be appreciated by like," holds good in the study of man, The comprehension of similia; of the efficacy of minute doses are ancient phenomena, and the provings on the healthy are not original with Homœopathy, but the manner in which all of this is rendered of service in healing the sick is Homœopathy's own, nowhere more clear than in the modalities. These, then, the Homœopath should study: they are finger-boards pointing the way; without them Materia Medica would be an incomprehensible maze.

Aconite.

Modalities are scanty, although the syndrome is one of the richest and best founded in the Materia Medica. Its one modality is the < at night. But the etiologic factors in the Aconite picture, which are indeed often nearly related to modalities, but should not be confused with them, are so much the more clear.

Actea racemosa.

All complaints are <. 1. In the morning; 2. from emotions: 3. from cold, excepting the headache which is > by cold and in the open air.

Aesculus.

Generally <. 1. After sleep, on awaking; 2. from lying.

Generally >. 1. From free motion; 2. from cold air.

Locally (pains), > from warmth.

Agaricus.

1. In the morning; 2. at rest; 3. after coitus; 4. after mental exertion; 5. after alcohol; 6. at the catamenia.

Aloe.

Piles < from motion, > from cold water.

Alumina.

Generally < in the morning. Generally > in open air, except the catarrh.

> in damp weather.

Gastric troubles < from potatoes and starchy food.

Ambra.

Complaints <. 1. In the morning; 2. after eating; 3. from music; 4. in the presence of others.

Ammonium carbonicum.

General <. 1. From cold, damp weather, excepting the dyspnœa, which is < in a warm room; 2. from bathing; 3. after sleep; 4. between 3-5 A. M.

Ammonicum muriaticum.

< at night (coryza, menses, sacral and limb pains) >. 1. In open air; 2. from motion. Sciatica < when sitting, > on moving, ceasing on lying down.

Anacardium.

Complaints >. 1. Eating, beginning again several hours later.

Cough often < after eating.

< in the morning (nausea, weakness).

Antimonium crudum.

General <. 1. After cold baths; 2. in too hot weather; 3. from radiant heat; 4. from cold, damp air.

Pains < at night (headache, toothache, gout).

Gastric and gouty complaints < after acids (sour wines).

Toothache < after eating.

Hoarseness < after over-heating; the voice returns after rest and cooling off.

Antimonium tartaricum.

<. 1. From cold water (excepting the headache); 2. in an over-heated room.

Gout < after every period of cold, wet weather.

Apis.

All complaints < from warmth in any form (warm room, clothing, applications, drinks, air).

Pains < from touch, pressure.

Vertigo < when sitting, lying, closing the eyes.

Fever < 3 P. M.

All complaints > from movement in general or of the affected part (excepting the headache, which is < from movement).

Headache > by pressing with the hands.

Cough > after slight expectoration.

Apocynum.

< from cold in any form (cold drinks, cold air)

Aranea.

< with every change to damp weather.

Toothache < as soon as he lies down at night.

Argentum,

All pains < from touch.

General > in the open air.

Cough > at night when lying.

Argentum nitricum.

All complaints <. 1. From warmth in any form; 2. at night; 3. at the menstrual period.

Generally > from cold (cold air, cold ablutions, etc.).

Pains > from external pressure.

Headache > from binding.

Asthma > from moving about in the open air.

Arnica.

Pains <. 1. from touch; 2. from motion.

Arsenic.

All complaints > by warmth, except the headache, which is > from cold.

Pains > from motion; headache > from rest and lying high.

All complaints <. 1. At night (after midnight); 2. from cold (except the headache).

Diarrhœa < after eating and drinking.

Asafœtida.

<. 1. At night; 2. in the room when at rest; 3. from touch.

Aurum.

<. 1. At night; 2. in the morning; 3. from touch; 4. at rest; 5 from mental exertion.

Many symptoms > from cold washing, but in general he is chilly, susceptible to cold.

Baryta.

Complaints <. 1. On thinking of them; 2. on a change of the weather; 3. from lying on the affected side. Some complaints (toothache, sore throat, leucorrhœa) are < before and during the menses.

Cough < at night when lying (unless on the belly); when eating; when thinking about it; in the presence of others.

Headache > in cool air. Generally, however, there is great sensitiveness to cool air.

Belladonna.

All complaints <. 1. From pressure or touch, even the lightest, or even sensory impressions (bright light, loud noises); 2. from cold, cold winds, draughts; 3. from isolation; 4. from lying on the affected side; 5. from motion.

Many complaints (cough, pains) < at night.

Fever < 3 P. M.

Head and general symptoms > after urination

Head > by sitting erect and by covering the head.

Stomach pains > by bending backwards.

Benzoic acid.

< from weather changes, from a draught.

Some complaints (occipital headache, palpitation) < at night.

Rheumatism < when at rest.

Borax.

All complaints < from downward motion.

Bovista.

Some complaints (vertigo, nausea, menstrual flow) < in the morning < from touch, from the pressure of clothes.

< before and during menses (diarrhœic attacks, palpitation.)

Menstrual flow < night and morning.

Palpitation < after eating.

Bromine.

All complaints < from over-heating and too much warmth in any form, also from warm food, though otherwise eating ameliorates.

Throat symptoms < from swallowing liquids.

Head and chest symptoms > from epistaxis.

Croupy cough > from drinking water.

Bryonia.

All complaints <. 1. From motion; 2. in the morning; 3. after eating; 4. from too hot water; 5. from warmth, excepting stomach and bowels which are < from cold drinks.

All complaints < from: 1. From rest; 2. cold; cold drinks (excepting stomach and bowels) and the open air; 3. pressure (excepting stomach, abdomen, ovaries, whose pains are < from pressure).

Stomach < after acids, salads.

Cough < at night.

Hepatic and chest complaints > by lying on the painful side.

Bufo.

< in a warm room.

> from bathing, from cold air.

Cactus.

Palpitation < lying on left side.

Fever < 11 A. M.

Cadmium sulphuricum.

Complaints (stomach, intestines) show the same modalities as Arsenic, but without the latter's restlessness. He desires to lie quiet.

Calcarea carbonica.

Generally <. 1. From mental or physical exertion; 2. from cold in any form (cold air, water, change of weather); 3. from ascending stairs.

Some complaints (chest, stomach), < from the pressure of the clothes.

Vertigo < on moving in the open air.

Headache < in the A. M. > lying in the dark.

Diarrhœa < in the evening.

Palpitation < after eating.

Calcarea Phosphorica.

All complaints < on a change of weather, damp weather (rheumatism, abdominal complaints, pains in limbs and sutures).

Most complaints < from touch (headache, < from pressure of the hat), and motion (rachitic children where every motion pains, and lifting causes dyspnœal attacks).

Gastro-intestinal complaints < after every ingestion of food.

Weakness in the uterine region < after stool and urination.

Cantharis.

All complaints < from touch.

Delirium and cramps < from the sight of bright objects; from endeavoring to drink water

Capsicum Complaints.

Complaints <. 1. From cold, from draughts; 2. by touch.

Headache < by motion, coughing.

Throat pains < when not swallowing.

Carbo animalis.

General < after loss of animal fluids.

Headache < after the menses; > after eating.

Sensation of coldness in the stomach, > by laying the hand upon the stomach.

Carbo vegetabilis.

All complaints > from belching.

General > from cold, from fanning; < in a warm room, < by change to warm, damp weather.

Ulcers with burning pains, > by cold dressings.

Many complaints < from wine.

Cough < from cold (evening, in a cold bed, cold air, cold food).

Hoarseness < evenings.

Headache < from pressure of the hat.

Toothache < from hot or cold food or drinks, from touching teeth with the tongue.

Causticum.

General < from cold, cold dry air, > from warmth (warmth of the bed). But many local complaints (cough, gastric pain, pain in the fingers) are better from cold water.

Chiefly < 3-4 A. M.

Mental symptoms < in the evening, < in the evening, < before and during menses.

Abdominal pains > by doubling up; < before and during menses.

Hoarseness < in the morning.

Cough < from cold air; > by a drink of cold water.

Cepa.

General > in the open air, < in warm room, < in damp, cold weather, < in the evening.

Navel colic > by walking, < by sitting.

Chamomilla.

General < in the evening and at night (until midnight).

General > from warmth, except the toothache, which is < from warmth and temporarily > from cold water.

General > from motion; in children from being carried.

Chelidonium.

Most complaints, especially gastric and mental, are > from eating.

> from warmth, except the headache, which is < from warmth in any form.

< from motion, touch, change of weather.

Old migraine attacks are > from vomiting.

China.

General <. 1. From light touch; 2. from motion; 3. from cold, cold air, except in metrorrhagia, where she wants to be fanned; 4. at night; 5. after eating; 6. from marked mental impression.

Complaints are >. 1. From warmth; 2. from hard pressure.

Cicuta.

Head Complaints > by thinking of them, when they disappear.

Cina.

< in the sun, in summer.

Cistus.

General <. 1. From excitement, mental exertion; 2. from cold air, especially the pharynx, which is worse after every inspiration of cold air.

Chronic diarrhœa < at night.

Clematis.

Eruptions < from washing with cold water; with the crescent moon.

The burning of the eyes < on closing them.

Toothache > from cold air or water.

General < at night when warm in bed.

Coccus cacti.

Many complaints <. 1. After sleep, i. e., in the early morning; 2. from warmth in any form, with the exception of the teeth, which cannot tolerate cold; 3. from touch, pressure of the clothes; 4. from lying on the left side.

Headache < from lying on the back, > with the head high.

Cocculus.

General < after a loss of sleep.

Most complaints < from riding, driving, < after eating or drinking (especially the head), < after emotional disturbance.

Coffea.

General < in open air, in the cold, in a breeze, draught, or wind.

The toothache, however, is better from ice-cold water.

All pains, also in the limbs < from noise.

Sciatica < from walking, > from pressure.

Colchicum.

General <. 1. From motion; 2. in the evening.

Many complaints < from mental exertion, thrilling stories, touch, smell of food, damp, cold weather.

Colic > by doubling up.

Colocynth.

General >. 1. From warmth; 2. from hard pressure, as lying upon the affected part (belly, hip).

Many complaints > from motion; any > from lying quietly with flexed thighs (sciatica, ovarian neuralgia).

Most complaints < evening and night.

Colic > by doubling up.

Diarrhœa < from the least food.

Tenesmus > after every stool.

Conium.

Complaints are <. 1. From taking cold; 2. from bodily or mental exertion, from sensory impressions; 3. from pressure of the clothes.

Vertigo < on lying down, turning in bed, turning of head or eyes.

Cough irritation < at night.

Prostration < after stool.

Sweat < after falling asleep, i. e., after closing the eyes.

Limb complaints (leg pains, ulcer), > by letting the limbs hang down.

Crocus.

Metrorrhagia < from the least motion.

General, > in the open air.

Crotalus

<. 1. In the spring; 2. when warm weather comes; 3. after sleep; 4. from lying on the right side.

Cuprum.

Vomiting and cough, > by swallows of cold water.

Colic > from pressure.

Cyclamen.

> by moving about.

< from cold air.

Digitalis.

The desire to urinate and the cardiac activity < from moving.

Dioscorea.

Most complaints >. 1. On moving about; 2. in the open air.

Navel pains > by bending backwards.

Drosera.

Cough, dyspnœa < at night.

Cough > when the child is in motion.

Dulcamara.

All complaints < in damp, cold weather, change of weather.

General > by warmth, in warm room.

Diarrhœa < at night.

Cough > in summer; also bladder complaints.

Eupatorium.

Vertigo and headache > by vomiting of bile.

Hoarseness < in the morning.

Ferrum.

All complaints < at night, after midnight; > from slow moving about.

Most complaints > from warmth, excepting the face and toothache, which are better from cold water.

Diarrhœa < after the least food.

Fluoric Acid.

General <. 1. From warmth in any form; 2. in the evening and night.

> from cold (cold washing, cold dressings), except the throat, which is always inflamed from cold air.

Headache > from micturition.

Gelsemium.

All complaints < in the heat of summer, from a change to damp, warm weather.

Fever < in the afternoon.

Headache > after profuse urination.

The feeling about the heart as if it would cease beating, > from moving. Otherwise motion aggravates Gelsemium complaints.—Dr. Dahlke, Zeitschrift des Berliner Verein.

Addresses.

THE LAW OF SIMILARS IN THE LIGHT OF MODERN SCIENCE.

BY DEAN T. SMITH, M. D., ANN ARBOR, MICH.

That similia similibus curantur is a verity, the experience of thousands of physicians during the last century has attested. The question, just how do the remedies act, is still unanswered. Many theories have been advanced, but none has yet been proven. Some of our men have been led to almost question the results because a clear explanation of the action of the drugs could not be given.

The proposition that I wish to prove is this: The tendency of modern biological investigations is to demonstrate the truthfulness of our law and to explain the action of drugs under it.

The most searching investigations that have been made of disease processess and of remedial agencies has been in the study of bacterial infections. And it is largely to this investigation that we will look for proof of our proposition. For two reasons I have taken Vaughn and Novy's book on the "Cellular Toxins" as the basis of this study. The first reason is that their book is regarded as an authority on this subject in our country and in Europe; second, those of us who know the authors personally are very sure that they have no bias toward Homœopathy.

The first point to which we will give our attention is this: Bacterial diseases are due to the action on the cells of definite, fixed chemical products, analagous to the drugs that we use as remedies. The following quotations from our authors show the prevailing opinion among present day scientists. (P. 23.) "An infectious disease arises when a specific, pathogenic micro-organism, having gained admittance to the body and having found conditions favorable, grows and multiplies, and in so doing elaborates a chemical poison which induces its characteristic effects."

(P. 26.) "The time will probably come when the true test of the specific character of a germ will be made with the chemical products. A given bacterium may not multiply in the circulating blood of a dog, and failure to do so is by no means proof that the same organism might not cause disease in man; but every germ which causes disease in man does so by its chemical products, and if these be isolated and injected into the dog in sufficient quantity a poisonous effect will most likely follow."

(P. 33.) "During the disintegration certain constituents of the cell pass into solution, and these soluble substances are probably the most important parts of the bacterial cell so far as they are concerned in the causation of disease. Similar processes undoubtedly occur in the body of an animal infected with a pathogenic organism, and it is generally believed that these soluble substances cause the symptoms of the disease and death." "It was found to be true that the symptoms of each and every individual disease investigated are due to the chemical products elaborated by the activity of the germ, but these chemical products are not, in the majority of these diseases, basic in character, and consequently they cannot be classed among the ptomaines." The importance of this last statement is this, each pathogenic bacterium elaborates within itself a specific poison just as does Nux vomica or other medicinal plant, i. e., toxins are not waste products in the metabolism of the cell like urea or carbonic acid gas in the animal, but they are substances built up by and stored within the individual plant. Our authors, on p. 22, make a very definite statement on this point: "Poisons may be produced by the cellular activity of bacteria much in the same way as morphine is formed in the poppy. This theory supposes that the formation of bacterial toxins is a synthetical rather than an analytical process."

The second point we note is this: Toxins or chemicals have a selective affinity for specific cells. In other words, they find in certain cells elements or combinations of elements with which they can unite chemically. They can affect the function of such a cell. When they do not find such chemical affinity in a cell they pass it by having no effect on it.

I do not presume to claim that this postulate is exclusively homœopathic. I do claim that the therapeutics of the old school have been in the past, and are still, largely general measures. They sweat and purge and blister and give anodynes, they produce diseased conditions in healthy tissues in order to meet some internal or hidden malady. The followers of Hahnemann have always claimed that, because of this elective affinity of drugs for certain tissues, remedies could be given that would effect the diseased tissue and not have any effect on healthy tissue. Experience has demonstrated to us the fact. Now science explains the why of it. Our authors quote a very interesting experiment along this line. (P. 67.) "Wasserman and Takaki have shown that tetanotoxin combines with nervous tissue, forming a compound which, when injected into susceptible animals, is found to be inert. They prepared a solution of tetanotoxin to which an equal part of glycerine was added for preservation purposes. This solution was of such strength that one thousandth of a cubic centimeter sufficed to kill mice in the course of three days. Quantities of this solution containing from one to ten fatal doses were rubbed up into emulsions with the substance of the spinal cord or brain, and this mixture was injected subcutaneously into mice. As a control, equal quantities of tissue from the liver, kidney, spleen and bone marrow were mixed in the same way with the tetanotoxin, and likewise injected into mice. As a further control, corresponding amounts of tetanus poison without admixture with any tissue were injected. . . . By these experiments it was conclusively demonstrated that the normal cord and brain form an inert compound with the toxin of tetanus, while none of the other organs has any such effect." The symptoms of tetanus toxin shows its action on the brain. These experiments show that it unites chemically with the brain cells while it does not unite with the cells of other tissues experimented with.

Other quotations and examples could be given, but the point does not need proving. I have discussed it because it shows that the scientists (not alone the practitioners) of the dominant school are drifting toward Homœopathy.

To the superficial observer the whole plan of serum therapy has seemed closely allied to Homœopathy. If we study the theories advanced to explain the development and action of antitoxin we will find that the conclusions made from our superficial observaions are strengthened, and that a very probable explanation of the action of drugs, according to the law of similars, is furnished. We will now note the discussion of these theories by our authors.

(P. 181.) "According to Ehrlich we are to consider that certain cells of the animal body consist of a nucleus, which he designates as a 'special executive center,' from which there radiate many side chains. It must be understood that this is a chemical and not a morphological conception of the cell. These side chains, physiologically, are concerned in the processess of nutrition. Nutritive substances brought to the cells by the blood or lymph can be utilized in its nutrition only after they have entered into combination with one or more of the side chains. It is conceivable that some of these side chains combine with carbohydrates, others seize upon proteids, and others still may fasten themselves to molecules of fat. In this way all serve in securing nutritive material for the growth, repair and reproduction of the cell. It is also possible that certain pharmacological agents act upon the different tissues of the body by virtue of combinations effected with cellular side chains. Now, in order for any substance to be poisonous to a given animal, there must be in the body of that animal cells with side chains capable of combining with the substance. A body which is unable to effect a combination with any animal tissue cannot be poisonous. It is not supposed that cells possess side chains especially provided for the purpose of combining with poisons, but it is possible that certain atomic groups which are ordinarily concerned in securing nutritive material for the cell may combine with substances that are capable of bringing about cell destruction. On account of the close chemical resemblance between the bacterial toxins and certain food principles, notably those of proteid character, this supposition seems quite plausible. In the first place, then, we may say the body cells must possess toxophil side chains. By this we mean that in the molecular construction of certain constituents of the cell there are groups of atoms that may unite with bacterial toxins. In the second place, a given substance, in order to be toxic, must possess certain cytophil side chains. Both the toxophil groups of the cell and the cytophil groups of the toxin may be designated as haptophorus bodies. This means that it is by virtue of these groups that the toxin enters into combination with certain molecules of the cell. However, the toxin is possessed not only of a haptophorus, but also a toxophorus group, and it is by virtue of the latter that injury to the cell may be accomplished. The ordinary nutritive products must, according to this theory, possess cytophil haptophorous side chains, but they do not contain the toxophorus element. Now, when a small amount of bacterial toxin is introduced into the body of a susceptible animal by virtue of its haptophorous group it combines with some cell of the body. Whether or not it causes destruction of that cell depends upon the immediate injury done by this combination. If the toxin be introduced in sufficiently large quantity, it may completely destroy the cell, and if a sufficient number of cells be destroyed, death will result. If, on the other hand, the amount of toxin introduced be relatively small, and the number of toxophil groups in the cell used up in the combination be also small, the cell soon recovers from the slight injury done it, but recovers, deprived of the side chain which has combined with the toxin. Feeling this loss and needing this side chain in order to supply itself with nutritive material, the cell throws out a new side chain, and when stimulated by frequent introduction of small quantities of toxin, it finally not only makes good the loss with which it has met, but throws out more side chains than it can possibly use. In other words, the over-stimulated cell secretes, as it were, toxophil groups, and as frequently happens in case of tissue stimulation, the process continues to a point of over-compensation. Finally, the excess of toxophil groups thrown out by the cell becomes so great that many of them are cast off into the blood lymph and other fluids of the body. These cast off toxophil groups constitute the antitoxin. Now, if a toxin be introduced into the body of an animal whose blood and lymph are filled with loose toxophil groups, the toxin is neutralized by these detached side chains, and the cell escapes injury altogether. In this way Ehrlich accounts for the formation of antitoxins and the production of toxin immunity. If the blood serum of an immunized animal be injected into a non-immune animal, and the latter be treated with the homologous toxin, the poison thus introduced combines with the antitoxin dissolved in the body juices, and the cells of the animal thus treated wholy escape injurious effects. It may be well at this point to make the following quotation from Ehrlich's own statement on the subject: "The theory above developed allows of an easy and natural explanation of the origin of antitoxins. In keeping with what has already been said, the first stage in the toxic action must be regarded as the union of the toxin by means of its haptophorus groups to certain side chains of the cell protoplasm. This union is, as experiments with a great number of toxins show, a firm and enduring one. The side chain involved, so long as the union lasts, cannot exercise its normal nutritive physiological function, the taking up of definite food stuffs. It is, as it were, shut out from participating, in a physiological sense, in the life of the cell. We are, therefore, concerned with a defect, which, according to the principles so ably worked out by Professor Carl Weigert, is repaired by regeneration. These principles, in fact, constitute the leading conception in my theory. If, after union has taken place, new quantities of toxin are administered at suitable intervals and in suitable quantities, the side chains that have been reproduced by the regenerative process are taken up anew into union with the toxin, and so again the process of regeneration gives rise to the formation of fresh side chains. In course of the progress of typical, systemic immunization, as this is practiced in the case of diphtheria and tetanus toxin especially, the cells become, so to say, educated or trained to reproduce the necessary side chains in ever-increasing quantities. As Weigert has confirmed by many examples, this, however, does not take place as a simple replacement of defect. The compensation proceeds far beyond the necessary limit; indeed, over-compensation is the rule. Thus the lasting and ever-increasing regeneration must finally reach a stage at which such an excess of side chains is produced, that, to use a trivial expression, the side chains are present in too great a quantity for the cell to carry, and are, after the manner of a secretion, handed over as needless ballast to the blood. Regarded in accordance with this conception, the antitoxins represent nothing more than side chains reproduced in excess during regeneration, and, therefore, pushed off from the protoplasm, and so coming to exist in a free state. With this explanation the phenomena of antitoxin formation lose all their strange, one might say, miraculous characters."

I have quoted extensively on this subject as the reasoning is all germain to the point I wish to prove. From the discussion we learn this: The antitoxic bodies are made by the cell. The toxic agent forms no part of their composition, enters only indirectly into their formation. They are independent chemical bodies of cell elaboration. If another toxic body were to unite with this particular side chain, would it not produce in the cell the same sense of loss? Would it not in the same way be "repaired by regeneration?" Would we not have these "side chains reproduced in excess during regeneration, and, therefore, pushed off from the protoplasm and so coming to exist in a free state?"

Since disease is due to injury to the cell, this injury being the result of chemical union, it is a reasonable theory that two substances that produce the same symptoms, the same indications of injury to the cell, must produce them through union with the same side chain, and would, when "administered at suitable intervals and in suitable quantities," lead to the production of these identical side chains in excess.

We are now ready for our third point. It is practically the conclusion of the whole matter Drugs cure diseases when they produce similar symptoms, because they unite with the same side chains of the same cells as does the toxic agent.

Suppose a patient to be suffering from a bacterial disease. Nux voimca, we assume, produces, in its proving the same symptoms as are present in the disease. We have already seen that to produce similar symptoms it must act on the same cells in the same way. If we give Nux vomica to the patient at "suitable intervals and in suitable quantities" it will stimulate the cells to the development of an excess of the toxophil groups (antitoxin elements), which will unite with the toxin and so neutralize it, i. e., it cures the similar case by stimulating the development of antitoxin in the blood. It cures, not because it is itself either a germicide or an antitoxin, but because it is similar in its action on the cells to the specific toxin, and because given "at suitable intervals and in suitable quantities" it causes an elaboration by these cells of the antitoxin.

I am well aware that there is a weak link right here in my chain of reasoning. Nux vomica and most of the drugs that we use as remedies have not, so far as known, developed antitoxins when given to animals as have the toxins. Still the development of antitoxins is not confined to bacterial poisons. Cushney, in his book on "Pharmacology and Therapeutics," page 725, gives an interesting bit of history along this line. It is as follows: "Ehrlich found that animals rapidly acquired immunity to the action of ricin, if they received for some time small non-toxic doses. From this discovery has arisen the whole of serum therapeutics, which plays such an important role in medicine at the present time." He describes ricin as an intensely poisonous globulin found in the castor oil bean. Abrin and crotin, with which antitoxins may be produced, are other similar poisons derived from the seeds of plants. Snake poisons are other toxalbumins that may produce their specific antitoxin. So far as I have been able to learn there has been no persistent attempt to learn the action of most drugs along these lines. When scientists have learned "the suitable interval" and "the suitable quantity" more drugs may be found to produce the antitoxins.

There is another way than by the production of antitoxin that the similar drug may act curatively. Some drugs are known to develop a "tolerance" so that a person may take increasingly larger doses as he becomes accustomed to them. Nicotine and opium are familiar examples. Cushney claims that this tolerance is not because of the development of antitoxic bodies, "but because the tissues become accustomed to the presence of small quantities of nicotine, and thus fails to act. Nicotine, in fact, becomes a normal constituent of the tissues."

How is this tolerance produced? Since scientists are agreed that the action of toxic agents on the cell is due to chemical union it must be because something weakens or destroys the chemical affinity. If the drug ceases to act upon the cell, but "becomes a normal constituent of the tissues," it is because of some change in the cell, exhaustion or occupation of the particular side chains, that weakens or destroys its chemical affinity for the drug, or because of the production in the serum of some substance that prevents chemical union. In either case we have a possible explanation of the homœopathic action of drugs. The similar drug unites with the side chains, producing in the cell a condition that prevents the toxic or disease producing agent uniting with or effecting it. It so changes the cell that the toxic agent cannot unite with it or produces in the serum some condition that prevents the chemical union. That is, the toxic element is neutralized through the action of the drug.

Assuming that drugs are curative because of their power of producing antitoxic properties in the blood, can we expect to be able to use Nux vomica or any other drug to develop an antitoxin for any particular bacterium or its poison? I think not. To produce, in a healthy animal, a serum that will be antitoxic to a particular germ, we must use an identical poison, or one that in all of its action on all the cells of the organism, would be the same. When an organism is diseased, certain cells or groups of cells are affected. In the proved remedy we would have the drug that would act in that particular sphere and in a similar way, producing the antitoxin. It might be that the same toxin in another case would act on a different set of cells, for it is generally admitted that cells of low vitality are affected by the toxin more readily than when they are normal. Hence, the toxin would attack different groups of cells in different individuals and produce different symptoms, a fact often observed in zymotic diseases. It might be that not Nux vomica but Arsenicum, Bryonia or some other drug would be the similar and curative agent in the second case. Our proved drugs would only be specifics for diseases when their action was co-extensive with the toxin, when it would develop all the symptoms that the toxin could develop. Though our drugs may not become specifics for diseases under the law of similars they may be specifics for curable conditions, for groups of symptoms.

The question might be asked, How can our similar drug have any curative action in the organism in the presence of the active toxin or toxic agent? We can safely leave the question to Hahnemann. In Sections 33 and 34 of the Organon is a sufficient answer: "Consequently, experience leads to the undeniable conclusion that the living, human organism is far more disposed and inclined to be affected, and to have its feelings altered by medicinal powers than by other noxious agencies and contagious miasms; or, to express the same in other words, extraneous noxious agencies possess a subordinate and often extremely conditional power; but drug potencies possess an absolute unconditional power far superior to the former in its ability to produce ill health (morbid discordancy) of the human body.

"The greater intensity of artificial diseases produced by drugs does not constitute the only condition of their ability to cure natural diseases. In order to perform a cure it is necessary that drugs should possess the power of producing in the human body an artificial disease most similar to that which is to be cured; for it is by virtue of its similitude, combined with greater intensity, that the drug disease is substituted for the natural disease, thus depriving the latter of its power to effect the vital force."

I make no pretence of having demonstrated the method of drug action. I am well aware that there are unexplained difficulties in the theories advanced. I have simply sought to show the trend of scientific investigation. The facts of Homœopathy we do not question. The theories that explain how these facts are secured, though but theories, are as reasonable as is Ehrlich's theory for the production of antitoxin. Surely, in the light of both fact and accepted theories of modern science, similia similibus curantur has lost its weird, mysterious, paradoxical character, and should appeal as a reasonable proposition to every scientist. [Michigan State Homœopathic Society.]

CURRENT MEDICAL LITERATURE.

BY J. RICHEY HORNER, A. M., M. D., CLEVELAND, O.

A Study of Ferrum—E. C. Price, Hahn. Mo., Aug., '05.

Dr. Price takes up a study of iron from the standpoint of a philosopher. All students of Homœopathy recognize the fact that the mass of Materia Medica is unsatisfactory. It is conflicting, and in many instances contradictory to a degree. Dr. Price realizing this has for some years been endeavoring to get at the why, as he puts it in his very admirable essay, to get "some rational explanation of the attitude adopted by the organism of the drug experimenter when endeavoring to cope with the intruder, the drug." . . . "It is, however, not only a matter of satisfaction, but it is a necessity of therapeutic philosophy to discover the correct, demonstrable reason for the result, if it be possible to do so. As a consequence of this fulfilling of the demands of therapeutic philosophy, new facts may be discovered upon which new rules, new methods and perhaps new laws may be formulated."

He recognizes the fact that this study has not been made, that we are too prone to simply accept results without seeking the reason why. So he pleads for a general abandonment of contentions as to potency, classification and data, and everything else that interferes, and a general search instead for this reason why. That calls to mind the fact that Copeland in his address to the Institute before the consideration of his bureau papers asked for the same freeing of the mind from all that might perturb it, so that all might work together for the propagation of Homœopathy. Dr. Price is working for the same end along a different road. It would be a great thing for our school if both calls were heeded.

Dr. Price studies iron as both a food and a medicine. He notes the fact that it is one of the principles in the make-up of the human organism. Also the fact that if too much is present derangement will result, and if too little exactly the same derangement exists. That's rather surprising. but he shows that it is true. Every one knows that anæmia results from a lack of iron, but not every one knows that "observations made upon those living in the neighborhood of iron springs, who use chalybeate waters as a daily drink, not only failed to show any plethoric individuals, but, on the contrary, revealed a wonderful tendency to anæmic conditions." . . . "The fact seems to be that when iron is given to persons whose blood is deficient in this metal, the general health of the individuals will be improved up to the point where the blood has absorbed the normal amount of iron. If the agent is continued beyond this point there will be a retrograde movement in the general health, due to the gradual return of the blood to the anæmic condition which existed before Ferrum was given." Looks like a protest from Dame Nature. The doctor offers as an explanation that the red corpuscles which contain the hematin, of which iron is a large proportion, are embarrassed in their function by the presence of an over-quantity of their basic element, and general health suffers in consequence.

He calls attention to the fact that in states of debility where the blood is poor in hematin, material doses of iron will restore normal conditions, while in plethoric, congestive, hæmorrhagic conditions, iron in infinitesimal doses (i. e., the 3d to the 6th decimal) will cure. This, he says, is because in the first instance iron acts as a food upon the principle of antipathy; in the second instance, the law of the similars may be charged with the explanation. Here he brings in the principles enunciated in his recently published book, "A Philosophy of Therapeutics." Every man interested in the building up of our Materia Medica should read that book. It is a fine production, and should be given careful consideration.

Here is a strong paragraph from the essay: "Before considering the double effects of a drug it is necessary to recognize the fact that drugs do not act, but that it is the organism into which they are introduced that is the active factor in the problem; that the first manifestations in the organism due to the presence of the drug may be regarded as the primary effect of the drug, and that all other manifestations which are consistent with these first effects and have the same pathological tendency may be considered primary effects also. On the other hand, all effects inconsistent in character with the first manifestations of the organism may be considered secondary effects." That fixes at once the status of primary and secondary symptoms.

Then comes a detailed study of the effects of iron, comprising in about a thousand words a review of its action on the head, respiratory tract, sleep, the muscular system, and, finally, its therapeutic action. In this latter he emphasizes the statement that in anæmia we use iron as a food, it has absolutely no therapeutic relation, it is antipathic. The vicarious discharge of blood from distant parts when amenorrhœa exists may be due to various causes. If it be from disturbed vascular equilibrium due to congestion of the bleeding part, then the law of the similars may explain the restorative action of iron, but if the condition be from disturbed vascular equilibrium due to anæmia, then restoration occurs on the principle of assimilation of foods." Similarly he treats of nerve pains. So he demonstrates that iron acts according to both the laws of which he treats in his book, the law of dissimilars, antipathy and the law of similars, Homœopathy.

In conclusion, he says: "This study should furnish us with much thought. It should show us that our physiological drug material is in sad need of systematization. It should show us that much of our boasted knowledge of drug pathogenesy is conjecture and assumption; that of the proximate principles in particular we may well stop and ask ourselves the question: Are the reputed effects of these agents in disease due to drug influences, to changes in metabolism, due to food relationship or to physiological suggestions, or are they due to a combination of all these influences."

Don't fail to carefully read the article in this number of the Medical Century, by Dr. Dean T. Smith, on "The Law of Similars in the Light of Modern Science." It is interesting and instructive, and throws some light on this very subject.

The Prevention of Tuberculosis—A. B. Schneider, Hahn, Mo., Aug., '05—Clinical Suggestions From the Study of 500 Cases of Pulmonary Tuberculosis. H. P. Loomis, Medical Record, July 29, 1905.

Two very admirable papers on this present day subject. All over the country there is a decided disposition, both in our profession and out of it, to take measures which will control the spread of what is justly termed "The White Plague." Dr. Loomis has had exceptional advantages for a study of the disease, and is warranted in drawing some very strong conclusions as a result. Dr. Schneider has just returned from European study, during the progress of which he paid particular attention to tuberculosis. Both gentlemen present a study of the how to prevent it, Dr. Schneider by direct instructions, Dr, Loomis by logical deductions from a study of the facts and factors in the development and progress of the disease.

Dr. Loomis presents facts as to the beginning of the disease. Forty-eight per cent. show a history of a neglected cough, lasting on an average of five and one-half months before actual development of the disease. Sixteen per cent. show pleuritic history, the time between the pleurisy and tuberculosis averaging three and one-half years. Eighteen per cent. show a physical system "below par" and "run down" for months before the disease developed. The balance, eighteen per cent., showed histories of grippe, malaria, unresolved pneumonia, enlarged cervical glands and hæmoptysis. The last symptom is never failing as an indication of tuberculosis when it occurs in patients under thirty who are not bleeders and have no cardiac lesion or liver cirrhosis.

Dr. Loomis next discusses "Difficulties of Prognosis." The following facts have aided him:

"1. The general vitality of the patient based upon his appearance; his history of generally good health; a good family history, especially the history of long-lived ancestors.

"2. The age ot the patient. Between 25 and 30 the prognosis seems to be especially favorable, but it is always important to make sure from the history that you are not dealing with an old and healed tubercular lesion which has been temporarily quiet. In such cases the outcome is somewhat in doubt.

"3. The character, intelligence, and especially the disposition of the patient are very important factors in prognosis. I have noticed it over and over again. People who are cheerful, not self-centered, but buoyant, sunny, and apparently without nerves, get fairly well, when we would have said their case was absolutely hopeless.

"4. Good digestion is naturally a very favorable sign, but I have found that many with apparently bad digestion can be so directed as to diet and are so improved by change of scene that with the use of suitable cathartics their digestion becomes fair. Before this factor can be an element in prognosis we must be in a position to know exactly the stomach condition.

"5. Whether one lung or more than one is involved does not seem to be such an important element in prognosis as some would have us believe, though it would certainly take longer to get well when more than one lobe is involved. I find in a large number of cases that recovered, the majority had more than one lung involved.

"6. Fever, hæmorrhages, expectoration, and tubercle bacilli in the sputum are of little value in prognosis, unless the case has been watched for a long time, and much beside is known."

His cases are discharged "apparently cured." Note that even with all his advantages he does not leave off that qualifying word. Here are some points about them: Average age of cured cases was twenty-nine, only five under twenty; three-fourths of the cases showed ancestors living beyond sixty years; it took about the same time to arrest the disease as the disease had been in progress before beginning the climatic treatment, the average time being seven months; family history did not seem to be an important factor.

In conclusion he studies cases showing the length of life among the poor after the beginning of pulmonary tuberculosis, and finds it to average a little less than two years.

Dr. Schneider's article is devoted to a study of the prevention of tuberculosis. As to origin, he gives but little attention to infection through milk or by direct transmission in utero. He acknowledges that cases do occur, but so seldom as not to count practically. Hereditary predisposition counts somewhat, but the bacillus tuberculosis of Koch carried in the sputum of the consumptive is directly responsible for nearly every case.

"To prevent, begin your work with the child. Increase his vital resistance, reinforce his usually faulty and inadequate nutritive processes. Augment his respiratory capacity, insist on his living out of doors, shut him off from tobacco and alcohol, and the child of tuberculous parents will not develop the disease." So says the essayist, and it looks as though he were right.

He dismisses humorously any consideration of the part played by marriage. He would isolate every case. And why not? Tuberculous patients are more dangerous than the insane, yet the latter are locked up. By all means let us have authority to say to the tuberculous: Stop! You are a dangerous element in the community. Go to the hospital and stay there until it is proven that you are free from the elements of this dread disease.

Dr. Schneider cautions against the use of houses or rooms in which tuberculous persons have lived. Such places should be most thoroughly disinfected and cleaned. He would guard the sputum of the consumptive. See that it is not distributed or deposited where it may harm. He calls for an early diagnosis and early treatment.

The following striking paragraphs close his interesting paper:

"When the general practitioner learns that it is not always necessary to wait until tubercle bacilli are present in the sputum of a patient before he dares to tell him as an introduction to a dissertation on the value of a warmer climate for the winter's sojourn, that his lungs are affected;

When municipal authorities everywhere learn the enormous economic value of measures which have in the past decade lessened the tuberculosis deathrate in New York City forty per cent. and have saved ten times their cost in hospital and municipal aid expenses and in per capita earning power;

When the public learn, without undue alarm, that from the viewpoint of personal safety cough and consumption spell synonymous terms, and that an ounce of prevention is worth a pound of cure;

Then will the sanitary millennium have dawned. Man will already have been liberated from the grip of the ordinary infectious and contagious diseases. Tuberculosis will rapidly disappear and the last of the bacilli will soon be languishing in innocuous desuetude. Posterity will be assured a heritage free from vitiating tendencies. The Oslerite of the period will have moved his zenith mark to four score years, and his vigorous opponents of six score years and ten will recount to younger generations the time when King Tuberculosis yielded his scepter under coercion to the simple laws of public hygiene and individual right living."

Correspondence.

Timely Topics in Medical Journals.

The writer has just received the August number of "Medical Century" and a grand good number it is, too, considered from the standpoint of the gener- Homœopathy." But while all of the papers are excellent and show deep and careful consideration, the writer could not but feel the lack of something vital in the feast spread before his mental appetite as he scanned the delicious menu. It is true that a wider dissemination of the truths of homœopathy is most desirable, both in public and in private life; that greater consideration should be shown our school by those in power, because of the good done and capable of being done. As a firm believer in the great truths announced by Hahnemann and upheld by our school, the writer zealously longs for the speedy dawning of the day when we, as homœopathic physicians, shall be recognized on the same basis of equality with our brethren of the older school.

But while hopefully anticipating that day may we not consistently long for and expect that our journals, vanguarded by the Century and others of its class, shall serve up to us a menu not consisting of one article of diet? Meat is good, but to make a dinner that is relished best one craves other viands to eat with the meat, and also one wants the food best suited to the season. Like bread and meat the dissemination of Homœopathy is always seasonable, but one does not look for papers on the treatment of summer diarrhœa in children in December but in July or August.

The writer is one of the younger members of the Century family, and so, perhaps, is not qualified always to judge as to what is best for him, but even a baby knows when it is hungry. Now, brothers, and especially you older ones, don't you think that in order to make the Century most helpful it would make a more nourishing diet to send in papers for publication that will meet the immediate needs of us youngsters? If you know the best way to treat diseases that are due to arrive in October or March or August, don't you believe that it would be a good thing to tell the rest of us how you attain success?

A medical journal, it seems to the writer, should be a medium for the propagation of useful knowledge, the instruction of the profession in the best and most scientific methods of fighting disease; and who is so well qualified for this work as the old wheelhorses, the men who have grown gray in the fight?

In behalf, then, of the younger members of the profession, I wish respectfully, and in all sincerity, to plead with the successful members, the men who have added experience to theoretical knowledge, to tell how you cure your patients.

E. E. Lusk, M. D.

BOOK REVIEWS.

Jackson on the Skin.

A Ready Reference Hand-book on Diseases of the Skin. By George Thomas Jackson, M. D., Chief of Clinic and Instructor in Dermatology, College of Physicians and Surgeons (Columbia University), New York. Fifth edition, enlarged and thoroughly revised. In one 12mo volume of 676 pages, with 91 engravings and 3 colored plates. Cloth, $2.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The great value of this volume lies in the clearness of its symptomatology and diagnosis, and the excellent judgment used in its therapeutic recommendations.

The clear diction and the very convenient alphabetical arrangement renders the work not only an exceedingly quick reference book for the busy physician, but adapts it especially to the needs of students. The demand for five large editions is ample evidence of the popularity of the book. Each edition presents a thorough revision of the subject, so that the work may always be consulted for the condition of the science of dermatology as it really exists. The present revision has been particularly searching, and the subject matter has been brought well up to date. The Appendix, containing formulæ for baths, lotions, ointments, powders, etc., and prescriptions for internal treatment, is alone worth the price of the book.

As heretofore, symptomatology, diagnosis and treatment are specially considered. Many new sections have been added, resulting in a considerable enlargement of the work, and the volume is issued in full confidence that it will prove even more than ever before valuable to practitioners, students and teachers.

Green's Pathology.

Tenth edition. A Text-book of Pathology and Pathological Anatomy. By T. Henry Green, M. D., F. R. C. P., Consulting Physician to Charing Cross Hospital, London New (10th) edition. Thoroughly revised by W. Cecil Bosanquet, A. M., M. D., F. R. C. P., Assistant Physician to Charing Cross Hospital. Octavo, 606 pages, 348 engravings and a colored plate. Cloth, $2 75, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The vigor and vitality of Green's Pathology are excellent evidences of qualities which have won the favor of students, professors and practitioners alike. A text-book which has reached its tenth edition stands in no need of an introduction. This work has been from its first edition a simple, clear and adequate presentation of pathology and pathological anatomy—the foundation of all medicine. The subject of the work has undergone many changes since Green was first issued. Pathology is by no means stagnant. In fact, it is doubtful whether any branch of medicine has undergone so rapid and so transforming a growth during recent years. The demand for Green has made necessary very frequent editions. Each edition represents a thorough revision, but none, perhaps, so thorough-going as the present. The pages of this work have, therefore, always been consulted for the recent advances and condition of its science, and the diction of the work is so clear, so directly to the point, so easy of understanding, that the popularity of Green throughout the student world, and equally as a quick reference for the busy practitioner, is not to be wondered at.

Taylor on Sexual Disorders.

A Practical Treatise on Sexual Disorders in the Male and Female. By Robert W. Taylor, A. M., M. D., Clinical Professor of Genito-Urinary and Venereal Diseases in the College of Physicians and Surgeons (Columbia University), New York. New (3d) edition, enlarged and thoroughly revised. In one octavo volume of 575 pages, with 130 engravings and 16 colored plates. Cloth, $3.00, net. Lea Brothers & Co., Philadelphia and New York, 1905.

The demand for three large editions of Dr. Taylor's excellent work in less than five years indicates the position of authority in its field which it has won. The volume covers the sexual disorders of both sexes fully in all their bearings. In this edition the chapter on the Anatomy and Physiology of the sexual apparatus has been very much amplified and many new illustrations have been added. Throughout the work diseases of this nature have been treated in careful detail, many typical cases being given, thus facilitating diagnosis and rendering most practical aid in questions of treatment both medical and surgical. The text has been thoroughly revised to date, and the sections which treat of the sexual disorders in women have been greatly enlarged. Four completely new chapters have been added and a number of new illustrations, mostly original, will, it is believed, render this valuable work still more useful to the specialist and general practitioner. Dr. Taylor's work is practically the only one in English in its exact field, and its great practical worth is clearly reflected in the demand which affords such frequent opportunities for revision.

Harrington's Practical Hygiene.

A Treatise on Hygiene and Sanitation. For Students, Practitioners, Health Officers, etc. By Charles Harrington, M. D., Assistant Professor of Hygiene in Harvard University Medical School, Boston. New (3d) edition, thoroughly revised. In one octavo volume of 793 pages, with 118 engravings and 12 plates. Cloth, $4.25, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

No department in the realm of medicine approaches in importance hygiene and sanitation—the science and art of conserving the health, energy, wealth and welfare of the individual and of the community. An authoritative book, covering the entire subject clearly and comprehensively, is, therefore, an essential to the full execution of professional responsibilities. Dr. Harrington's work was accepted as the authority upon the appearance of its first edition. He treats his subject broadly and with careful attention to details, his purpose being to furnish a clear, complete, well-illustrated volume equally adapted to the needs of the student, practitioner and health officer. The success of the work is well shown in the demand which has exhausted two large editions in less than four years. As the succeeding editions are called for, the author, by careful revision, elision of obsolete matter and addition of new, keeps his work well abreast of the advances in a subject by no means stagnant. The new section on Infection, Susceptibility and Immunity will prove a valuable and interesting feature of the present edition. Evidences of searching revision will be found throughout the book, the alterations and additions necessitating a considerable increase in both text and illustrations, although the price remains at its previous very moderate figure.

Chemical and Microscopical Diagnosis.

By Francis Canter Wood, M. D., Adjunct Professor of Clinical Pathology, College of Physicians and Surgeons, Columbia University; Pathologist to St. Luke's' Hospital, New York. 188 illustrations and 9 colored plates. 745 pages. D. Appleton & Company, New York.

Diagnosis of disease is daily becoming more exact, and the methods for making this diagnosis are those of the laboratory in the vast majority of diseases. It is only within the past few years that the meaning of blood conditions, for instance, has been known. Years ago nothing was known of blood pathology, and no aid in diagnosis was sought by its examination. To-day numerous diseases can be diagnosed simply by an examination of the blood. The diagnosis of tuberculosis is definitely made under the microscope. Hence it is that it is hardly possible to have too many aids to laboratory study.

Prof. Wood's splendid volume on chemical and microscopical diagnosis is destined to be a classic. He has taken advantage of the great facilities afforded him at Columbia and made up a treatise which brings right up to date the knowledge of the reader. Already, although bearing a copyright date of 1905, it has supplanted other works in one of the best universities in the country, and is now in daily use in the laboratory.

It is not possible in the space allotted to this review to take up the work in detail. In general, we can say that his first part takes up the blood, treating of its physiology, chemistry, morphology and pathology in a comprehensive way. Part two treats of the gastric contents, part three of the fæces, and part four of parasites, the remainder of the book being taken up with discussion of sputum, urine, transudates, exudates and milk.

The colored plates illustrate with remarkable clearness the exact conditions found under the microscope. The second plate, for instance, giving in colors no less than sixty-five types of blood corpuscles, each one being shown separate from the others, the colors brought out by the stains being reproduced by the artist in a remarkable way. And so it is with the other colored plates, while the ordinary illustrations are just as helpful in understanding the text.

The book is one which will be a distinct help in the laboratory. The publishers have evidently spared no pains or expense in getting the work out, and we predict for it a large and rapid sale.

The Doctors' Window.

Poems by the Doctor, for the Doctor and about the Doctor. Edited by Ina Russelle Warren, with an introduction by William Pepper, M. D., LL. D. Vol. V. The Doctor's Recreation Series. The Saalfield Publishing Co., New York, Akron, O., Chicago.

The fifth volume of this delightful series is a welcome one. It is entirely different from the former volumes. It consists of poems, long and short, humorous and sedate, in all meters, about everything pertaining to the doctor's life. We pick up the book, open at random and find something catching and interesting if not familiar. The first one we read was Whitcomb Riley's "Doc Sifers." It tells of the doctor of the country village, everybody's best friend, who, in an emergency, does just the right thing; but who is so careless about his time, his business and himself that he seems not to care. He is very liable, in fact, quite so, to be found during his office hours down at the blacksmith shop hammering out in iron some idea of his own. His patients simply have to look him up when he is wanted. Such a quaint, honest, but, withal, reliable old fellow as Riley makes him out to be.

Then we found two favorites by our own poet-surgeon Helmuth, "My First Patient" and "Surgery vs. Medicine." They well illustrate his gift of poesy.

So it will run all through the book. Open it where you will and something interesting catches the eye. Rather more than any of the other volumes this one seems destined for the doctors' reception-room table. It will interest and hold every patient who picks it up.

The volume is bound in a manner uniform with the others, has gilt top and uncut edges, and emphasizes the good impression already created by its predecessors.

A Treatise on Diseases of the Nervous System.

By L. Harrison Mettler, A. M., M. D., Associate Professor of Neurology, College of Medicine of the University of Illinois, Professor of Mental and Nervous Diseases in the Chicago Clinical School, Consulting Neurologist to the Norwegian Deaconess' Home and Hospital, Chicago. Profusely illustrated. In one handsome octavo volume of about 1,000 pages. Cloth, $5.00; half morocco, $6.00. Chicago: The Cleveland Press.

Prof. Mettler's work is the first we have seen in which the neurone theory is closely followed in classification and explanation of diseases of the nervous system. For this one reason it can be safely classed as a book which is distinctly up-to-date. There is a clearness and conciseness in his diction which stamps him as a thinker and a student. It does not need a specialist in neurology to follow him, the general practitioner can understand all his explanations as can also the undergraduate.

He takes up nervous diseases under two general heads, viz., neuronic and non-neuronic. Under the former he classes all functional and organic diseases which affect the neurone primarily. As functional diseases he discusses the cerebro-spinal neuroses, as the neuralgias, neurasthenias, epilepsy, chorea, paralysis agitans, together with the sympathetic troubles. Then he discusses the organic conditions including in this section, of course, tabes, the scleroses, the atrophies and dystrophies, etc., etc.

Under the head of non-neuronic diseases he places all conditions which affect the neurones secondarily. Here he discusses special diseases of the spinal cord, the peripheral nerves and the brain.

Another section is taken up with a very complete consideration of the toxic diseases, including alcoholism, morphinomania and drug habits in general, together with tetanus, hydrophobia, etc., etc.

Taken altogether we know of no recent book on diseases of the nervous system which so completely fills the requirements of the average doctor and student. It is, we think, destined to be a desk companion to many. The mechanical execution is good, the illustrations many and clear. The book is one we can heartily recommend.

OBITUARY.

Dr. Meritt E. Graham.

Of Rochester, N. Y., died at his residence, the Graham Highland Park Sanatorium, last month. Dr. Graham was a graduate of the University of Michigan. He was consulting surgeon to the Hahnemann Hospital of Rochester, and was a member of the American Institute and many other homœopathic societies. He had just finished a maternity hospital adjoining his sanatorium. He leaves a wife, a daughter and one son, Dr. Corden T. Graham.

Dr. Edwin D. Simpson.

Died at his home in New York City on June 23d. Dr. Simpson was a member of the American Institute of Homœopathy and a member of other homœopathic societies. He was an occasional contributor to the Medical Century.

Dr. William L. Jackson.

of Roxbury, Mass., died June 21st. He was for a long time member of the staff of the Massachusetts Homœopathic Hospital and professor in the Boston University School of Medicine.

The Forty-second Session of the Homœopathic Medical Society of the State of Pennsylvania will be held at Altoona on September 19th, 20th and 21st.

The Raue Medical Club will entertain the members of the Society and visitors at the Logan House on Wednesday evening. It will issue a special announcement to the profession outlining other pleasures, particularly those for the visiting ladies.

Edward M. Gramm, M. D.,
Corresponding Secretary.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... **Editor.**

J. RICHEY HORNER, A. M., M. D. Current Medical Literature.

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SEPTEMBER 1, 1905.

Editorial.

PRACTICAL PROPAGATION OF HOMŒOPATHY.

It is gratifying to note that in various journals and before various societies considerable interest is being taken in the subject of how best to propagate Homœopathy. We have grown careless and neglectful in educating the layman. This was one of the strong cards of our forefathers, and it paid them well. It was not uncommon in the early days of Homœopathy to find laymen who were well versed in its history, in the trials and struggles of Hahnemann, in the essential principles which he enunciated, and in bedside practice, while rarely these days do we meet with a lay advocate who is more than a personal friend and warm believer in his doctor. He accepts Homœopathy because his physician is of that faith, ostensibly. He knows little or nothing about his doctor's school—just that he goes to homœopathic conventions, calls himself a Homœopath, and is a graduate of a college announcing itself as belonging to that creed.

Far better would it be for us and the public did we give out a little instruction now and then, by means of heart-to-heart talks, ethical pamphlet information, or even an occasional public lecture or newspaper article, elucidating the system we are presumed to be practicing. Our patrons would become more deeply interested in us and in that for which we stand did they know more about it. They and their friends and neighbors would be benefited by the knowledge thus obtained. It would even leaven the old school loaf, as it did in the earlier years of Homœopathy, when every practitioner it had was a convert from the allopathic ranks—and there is no good reason why we should not constantly proclaim the faith that within us is.

The earnest, eager, ardent man talks his business or profession. He is earnest, eager, ardent, because he believes what he teaches. He teaches solely because he believes. There is no mock modesty about him. He is possessed of a good thing, he knows it, and he wants others to know about it also. He secretes nothing, is half-hearted about nothing, is ashamed of nothing, apologizes for nothing. This is the type that was represented in our medical forefathers, the men who made Homœopathy what we found it. And if the present day Homœopath were half as honest, ardent and capable as was his predecessor, he would be heralding his faith from the housetops and Homœopathy would be propagated as never before.

"The way to resume is to resume," Horace Greeley used to say. Likewise on this subject, the best way to propagate is to propagate. Homœopathy can be propagated also without any emblazoning, of which so many timid souls are afraid, by its bedside exemplification. The public wants to be cured of its ailments. Good homœopathic prescribing is the best known means of cure. The doctor who is careful in the selecting of his medicines, and who takes time to analyze his severe diseases, is the successful one in the bedside test. If a typhoid, the first prescription should never be made in a hurry. There is plenty of time; let the case show its special tendencies; watch it most carefully; and when the remedy is chosen stick to it throughout the run of the case. If a phthisis there is even more time; and it is surprising and most gratifying to see what may be done for the hopeless and doomed invalid, even in the last stages of pulmonary degeneration, by the administration, "at the psychological moment," of the psychologically chosen prescription. If a diphtheria, there is no need for chasing to the nearest corner drug store for an antitoxin of varying number of units plus a little tetanus now and then; the right homœopathic agent will bring the response. Not that it will always cure diphtheria, but the careful Homœopath stands a better chance in this direction than any other class of physicians, because he is careful and a Homœopath. This means a great deal, to be sure, but in every severe disease it is criminal to be anything less than careful in every prescription we make.

The Homœopath who quakes before violent disease and runs off into allopathic practice just because his patient is stricken with a disorder that kills is no Homœopath at all. It isn't this type of man who propagates Homœopathy, or anything else. To be a propagator one must be a believer. Then, believing, one must practice that which he believes. This brings success, and the door once ever so slightly ajar it is easy to get within the portal of the American heart and make a convert. The doctor who relieves the sufferer overcomes the prejudice of his patron. The physician who cures his malady wins the affection and interest of the patient. Homœopathy cures when carefully and intelligently applied. The public reads. It wants to-day to know the whyfore of everything in which it becomes interested. Show it what Homœopathy is and it will do a good deal of propagating itself.

C.

FOREWARNED IS TO BE FOREARMED.

Something seems to be brewing. Almost without a note of warning New Orleans has been plunged into the fearful abyss of a very severe epidemic of its old-time enemy, yellow fever. First a few cases among Italians, then a few among Sicilians, then a few among the Malays of that cosmopolitan city, then came the Greeks, the Phoenicians, the Abyssinians, the Mongolians, a few negroes, and, finally, the blaze has extended until citizens of all nationalities are attacked and the Catholic Church has lost its venerable prelate and Archbishop. From a tiny unrecognized spark there has spread with the swiftness of a prairie fire a most violent conflagration. September has always been for New Orleans the worst month in its conflict with the yellow pest, so the end is not yet.

Now we are forewarned. It had almost come to be believed that the South would not again suffer a violent outbreak of its ancient scourge. The later day epidemics in Florida have been mild. The scare of a year or two ago in Texas had passed from memory. New Orleans, Memphis and Vicksburg had long been exempt, and a false sense of security had been accepted. All at once this hope has been destroyed and our confidence has become our danger. Now New Orleans will again be Ben Butlerized. Mosquitoes will be raided and their beds destroyed as never before. Secretary Shaw will buy many thousand barrels of turpentine and countless tons of resin and by-products, and such a war as will be waged will excel in fierceness if not in efficacy, the Manchurian struggle between Japan and the Russian Bear. The South has again been forewarned. It will hereafter, for a term of years at least, remain forearmed.

But not the South alone is in danger. From many of our best cities come hints that typhoid fever is spreading. Typhoid does not rage with the malignancy of yellow fever, but it is the more fatal and treacherous of the two. Did it occur epidemically with the swiftness of the Southern pest it would be a terrible scourge indeed. But it is bad enough, and is usually preventable. Modern sanitarians pronounce it a hygienic crime. Yet New York up to August 10th has had the enormous sum of 53,496 cases of typhoid fever with three hundred and ninety-five deaths in Greater New York alone. Brooklyn is suffering more severely than any other part of the metropolis, due to water infection, but every part of Greater New York is to-day in the clutches of typhoid.

In Washington twenty-five new cases were reported in a single day, August 10th, and in Baltimore and adjacent cities danger signals are flying. In various rural sections, also, typhoid fever is reported to be noticeably on the increase.

New Orleans had no warning of the coming of its foe. It stole in upon the sleeping city in a night, as it were. Our Northern cities are being given fair warning. It is a long time till spring. Typhoid rages more severely in the late autumn and early winter, extending the winter through in many cases. We are already forewarned. It now becomes a duty to forearm ourselves by bringing all possible pressure to bear upon our respective communities to clean up back yards, alleys, streets, gutters, front yards, cess-pools, everything, in fact, that can possibly contaminate our water supplies and encourage the prevalence of disease. That there is an recognized, even if undefined relationship, between epidemics of various disease is well known. When yellow jack hits the South something strikes the North. When la grippe strikes the North something hits the South. Look out. There is danger in the air!

C.

NEW ORLEANS VERSUS PANAMA.

The present unfortunate visitation of fever upon New Orleans gives the yellow journals of the East and the yellow correspondents in Washington a black eye. All summer they have harped upon the existence of the yellow pest in Panama and Colon, have derided the acceptance of the mosquito theory in relation to cause, and have chirpilly asserted that all that is required is for Major Gorgas and his assistants to take a few mosquito bars under one arm with which to cover infected patients, and a gallon of crude petroleum under the other with which to smear mosquito beds, and the danger is over. The changes have been so rung on Panama that the Commission has foolishly yielded to the clamor and has adopted the unnecessary and futile course of reporting by cable every case and every death.

New Orleans has already had, in a single month, more cases by ten to one than Panama has had all summer. New Orleans has also already had more deaths than Panama has had all summer. Panama is a natural home for the disease. It has existed there ever since man first inhabited the canal strip, and it is fol-de-rol for paid-by-the-column press correspondents to demand its "stamping out" in a minute or in a season. It takes time to eradicate yellow fever. Rarely can it be done during the summer in which it is epidemic. Accepting the stegomyia fasciata as the cause, it takes time to eradicate its beds and to destroy its larvæ. A single unsuspected case of yellow fever may infect mosquitoes enough in its first three days to infect an entire city. Mosquitoes are carried by breezes many blocks distant from where they habitat. New centres of infection are created every time an infected mosquito from an unsuspected case infects another person. This case, in turn, at first not recognized because of the non-prevalence of the disease and the failure of the yellow pest to favor us with symptoms and characteristics in its first days which make it positively recognizable becomes, a new source of danger.

It is twaddle, senseless twaddle, for the non-professional writer to criticise, suggest or carp about how sanitarians should try to perform their duties in the face of any epidemic, or in the presence of infectious disease anywhere. And if the government of the United States will have learned by the New Orleans lesson the folly of demanding too much of the sanitary authorities in Panama this unfortunate visitation to our chief Southern city will not have been without its blessing.

C.

A TUBERCULOSIS SESSION.

The next meeting of the Southern Homœopathic Medical Association, to be held in Louisville next month, is to be given over entirely to the consideration of the subject of tuberculosis. All the bureaux are to discuss this topic in relation to the various subjects they cover, and a public meeting has been arranged at which various speakers are to expound truths for the people upon the subject of their greatest enemy. At this meeting, which will probably occur during the second day of the session, Governor Beckham is to address the Association and its guests. Dr. Orrin L. Smith, formerly of Chicago but now of Lexington, Kentucky, will deliver his presidential address upon this occasion, its title being "Cremation for Subjects of Tuberculosis." Dr. C. E. Fisher has been invited to deliver an address upon the same evening upon "The General Causes, Means of Dissemination and the Prevention of Tuberculosis." These addresses will be brief, and will probably be supplemented by another upon "The Sanitarium Treatment of Tuberculosis."

Such a meeting should be productive of specific results and prove a positive benefit, not only to the members of the Association, but to the general public. The profession generally is urgently invited to attend the sessions and participate in the deliberations of the convention. The Southern Association has been thoroughly revivified and is enjoying very delightful meetings. The Louisville profession and people are royal hosts, and we are sure that whoever may attend this meeting from the North will go home with the determination to go again.

C.

THE KEEPING OF CASE RECORDS.

It's an old subject, but some subjects improve with age, and the piling up of instances where a carefully kept record of a case would be invaluable makes the subject a trite one—always in order. What makes us think of it just now is the fact that a prominent hospital whose staff is made up of homœopathic doctors has just been sued for a large amount by a patient whose injury was treated by the surgeon in attendance at the time of the accident. *And there is no history of the case.* A long search was necessary before any record could be found, and not even a diagnosis was given in this record. Now, what do you think of that? If the institution in question were not doing an immense amount of work among the poor we should say it deserves to be mulcted in heavy damages. There are some persons, likewise some corporations, who will never learn that "an ounce of prevention is worth a pound of cure." When a court of justice learns that such carelessness in methods of record is prevalent a presumption is certainly justifiable that a similar carelessness may exist in the department where treatment of wounds, injury and disease belongs. The institution which can go into court with well kept records giving a history of each case treated in the hospital at once establishes for itself a standing which is bound to aid it when the question of right or wrong treatment comes up.

Once, years ago, there was a case in court, and on the first day of the trial no record of the case was to be found, but one appeared later, from where only a few knew. The record was all right, showed that the surgeon had done his duty according to the condition described, but the case went against him, as it did on two appeals. It was only when the case came up before the State Supreme Court that the plaintiff lost, and lost on some slight technical point. Without caring to discuss that record, as a record, we venture to predict that if the surgeon had produced in court early in the case or at the opening of the case a carefully kept bona fide record of the case, he could have rested his case and won out. The universal feeling among surgeons at the time was that the suit was not warranted by the facts. And that is only one case out of many which might be cited. There is a necessity that every institution treating injuries shall keep a record of each case, including a previous history of the patient, a history of the injury and a carefully written description of the condition of the part when the patient was received in the hospital.

The necessity for such record exists no less in private practice. The other day we called on a doctor who had been practicing only a year or so. He showed us his card system for keeping accounts. It was beautifully planned and arranged. We asked how he kept his case records. "Oh," he said, "I have them in my head." That same man is today treating two prominent men for septicæmia, and has had to do several operations on each. He's treading on dangerous ground. Only the best possible results in his treatment can free him from a possibility of suit; and, if sued, where are his records for presentation in court?

No, it is not right for any institution, nor is it right or safe for any doctor, to take care of the sick without keeping a record. We might go on at length to detail the immense advantage it is to every doctor to make this record. It has every influence over his future, making him more systematic, more careful in his prescriptions, and in every way a broader man, because with such system and care he cannot become a shiftless, thoughtless prescriber. To the young man just starting on his career we would say that, while patients are few and far between, keep a full record of each, and as your practice increases you will every day be impressed with the wisdom of the method.

H.

EDITORIAL BREVITIES.

A New Department.

The Medical Century has always recognized that one of its departments could be made much stronger and more attractive to its readers. It is the department of Current Medical Literature, and this in its broadest terms includes the periodical as well as the book literature of medicine.

We are glad to announce that we have secured the co-operation of Dr. J. Richey Horner, of Cleveland, Ohio, to take charge of this work.

Dr. Horner is no stranger to the readers of the Medical Century; some years ago he was associate editor, as most of our older subscribers will recall. He was formerly editor of the Cleveland Medical and Surgical Reporter. It was he that revived and animated that excellent periodical and placed it upon the high plane it now occupies. Dr. Horner is a forceful writer, with an especial forte for conciseness and condensation, possessing an analytical mind, and knowing from a vast experience the needs of the profession from the specialist to the busy general practitioner. We feel that we have added great strength to the Medical Century by having him associated with us. It is our desire to present to our readers a concise resume each month of the doings in medicine the world over, "abstract and brief chronicles," as it were, of medicine of all schools. Furthermore, all who know the Medical Century will rest secure that none but the staunchest of Homœopaths could ever be represented with us editorially, and Dr. J. Richey Horner is one of these stalwarts.

The Health of Chicago.

The Windy City is fairly outdoing itself in its efforts to set a record for health unparalleled by any other large city. The report of the Department of Health for the first half of this year establishes a new record. The total number of deaths during this period is 13.918. This makes a death rate for the year of 14.09 per thousand of population. Last year, which was an excessively healthy one, showed a death rate of 15.51 per thousand. The last six months of the year are the healthiest, since Chicago suffers particularly during the late winter and early spring months. Last year the rate for the last six months was 7.48, so if it is not increased this year over last the rate will be still lower for the entire year than the 14.09 per thousand that the first half indicates.

It is worthy of notice that the greatest gain is in the line of fevers, depending upon the improved quality of water supply and the better sewerage afforded by the great drainage canal; and it is also worthy of note that an increase is shown in the prevalence of diphtheria, notwithstanding the greatly vaunted medical preventive which the Health Department has adopted with so much confidence. Antitoxine has not reduced the death rate of diphtheria as improved water supply and sanitation have decreased typhoid fever. The Department is now increasing its dosage, advising the limit. Its insistence upon a procedure which is so pronouncedly a failure is incomprehensible, and it is presumed that before long it will be a case of a horse per patient. Health departments of large cities should confine their efforts to their legitimate sphere, sanitation and hygiene. As physicians at the bedside, political doctors have not always been proven a success.

C.

Chirurgical Peace Secured.

The surgical profession of Chicago has been in more or less of a turmoil of late months, and great disruptions have been threatened and announced. The military Senn, he of the gold braid and gilded epaulets, has been the source of contention, and at one time his stars seemed to be setting without a coloring of glory. But a truce has been patched, the troubled waters have been quieted, and peace reigns where disruption was aparently unavoidable. Dr. Senn remains at the head of the surgical department of Rush Medical College, and will have entire charge of the clinical teaching during the fall quarter. He has also been chosen professor of surgery in the University of Chicago, and will lecture to the medical class at that institution. Dr. Murphy has been elected a professor of surgery in Rush, and with Dr. Arthur Bevan will have charge of the administrative details of the department of surgery, and will conduct the clinical teaching of surgery in the college during the latter half of the year. It is well that these truly great men of the surgical profession have at last come together. The broad axe and Damocles sword have been threatening dire havoc, and 'tis fortunate the clash has been avoided. Rush College and the profession need and can use everyone of the "big three."

C.

More Courageous than Commendable.

The press dispatches announce that Dr. Reginald B. Leach, of St. Paul, Minnesota, who petitioned the American Institute of Homœopathy and the American Government some years ago to take up his theory of the immunizing power of Arsenic in cholera and other epidemics, has gone to New

Orleans to allow himself to be bitten by an infected mosquito in order to demonstrate the efficacy of arsenic as a cure and preventive of yellow fever. Dr. Kibbee, of New York, went to New Orleans in 1878 to demonstrate the effectiveness of a cold water mattress in yellow fever and died on his own bed. Dr. Lazear, one of Major Reed's associates in the mosquito yellow fever investigations near Havana, was accidentally bitten by an experiment gnat and lost his life. There are numerous instances of this nature on record. Yellow fever respects no theories, and finds especially ripe fruit in people from far distant northern points. A great many natives seem naturally immune, and people who live for years in latitudes occasionally visited by the yellow pest sometimes escape it. Northerners generally suffer. Dr. Leach's enthusiasm and confidence in his arsenic theory excite admiration. His going to New Orleans at this time to apply the test in person is dangerous. C.

Editor's Table.

GENERAL NOTES.

The Critique, Denver, rapped the North American pretty hard for a "bargain counter" effort at getting new subscribers at the Institute meeting. Sometimes the Critique uses language and says things.

A new private hospital enterprise at Cumberland, Maryland, is being fostered by a corps composed almost equally of allopaths and Homœopaths. Among the latter who are interested are Drs. Brace, Hodges and Fechtig. The lines are gradually being effaced and the brethren are beginning here and there to dwell together in unity. All of which is all right when the terms are those which honest and dignified Homœopaths can accept without condescension and humility.

The next meeting of the Homœopathic State Society of Pennsylvania will be held on September 19th, 20th and 21st.

Dr. D. A. Strickler, of Denver and "Progress," has been chosen president of the Colorado State Board of Medical Examiners for the next term of two years. As Colorado has a mixed board, congratulations are especially in order.

Five cases of typhoid fever were reported as having been discovered among the students at the Naval Academy, Annapolis, on August 9th.

Dr. Orme, of Atlanta, occasionally contributes in verse to the papers of his city. His last rhyming tells Atlantic folk how "Microbes May Lay the Lofty Low"—a three stanza poem of no inconsiderable merit.

A party of thirty sufferers from pulmonary tuberculosis recently left Washington under the leadership of a Dr. Frederick Sohon, in a ship especially prepared for the trip, to try the efficacy of the extreme cold of Greenland, above the arctic circle, as a cure for consumption. The experiment is the outgrowth of Dr. Sohon's experience with the Peary expedition of 1897.

Now certain Christian Scientists are boasting that people of their faith do not suffer sea sickness. Perhaps not. But we remember very well having seen a few of them lose a square meal or two en route to Europe one time when about one-third of the ship's load were made up of strong believers in the faith. On the sly a little Cocculus now and then helped tide the brethren over their backsliding moments.

From the Denver Critique: "'C.,' whoever that may be, handed up a few hot ones right off the bat as an editorial writer in the July issue of the Medical Century." Keep an open eye, neighbor. The Medical Century may have still other surprises in store for its friends.

Faithful service always deserves reward, therefore Governor Warner made no mistake when he reappointed Dr. Cowell, of Saginaw, a member of the Michigan State Board of Medical Examiners for the current year.

In referring to the election of Dr. Wm. Boericke as president of the Alumni Association of Hahnemann College, of Philadelphia, The Critique remarks: "He lives in San Francisco, California." Surplusage, Mr. Editor, surplusage. As if Boericke and San Francisco were not synonymous terms in homœopathic circles. Of course he lives in San Francisco; but he belongs to Philadelphia, and to the whole United States, for that matter.

Dr. J. B. Kinley and family, of Denver, have been sojourning in the mountains of Colorado for the summer.

Another reorganization in Kansas City. The annual song, each time the last the best of all.

Another reorganization and extensive additions to the editorial staff of the Medical Advance. All the Advance wants is time. Dr H. C. Allen remains the managing editor, and, as for many years past, the editor-in-chief.

It would be a great boon to Homœopathy on the Pacific Coast to have the Institute meeting of 1907. Let us give it to them out there.

Dr. James C. Wood, of Cleveland, took his usual August holiday in company with his young son. It included a trip on the northern lakes, a stay in Duluth, St. Paul and Minneapolis and a visit to Rochester, Minn., where the doctor was a guest of the Drs. Mayo at their hospital. So the genial doctor combines improvement both mentally and physically.

Dr. Thos H. George, of Cleveland, is abroad this summer and fall. The doctor has been preparing for this course for some time, and expects to spend all his time in study. His special field of investigation will be along the line of anæsthetics of which subject he has been making a study for several years. He is official anæsthetist to the Cleveland Homœopathic Medical College, sharing that very important position with Dr. B. R. Burgner.

Dr. R. B. Ferree, of Sidney, Ohio, recently took a special course in anatomy in the Cleveland Homœopathic Medical College.

Drs. Beebe, of Sidney, O., and Baxter, of Cleveland, were the committee in charge of the State Board examinations held in Cleveland in June. Dr. Beebe was socially entertained while in Cleveland by both Drs. Baxter and Jones. He later reported that all the graduates of the Cleveland College had passed the examination very creditably.

Dr. D. H. Beckwith and Mrs. Beckwith, of Cleveland, spent a very pleasant holiday along the northern lakes during August. Their principal stopping places were Hotel Oakland, St. Clair, Mich., and Grand Hotel, Mackinaw. Letters from the doctor report him enjoying the trip and much improved in health.

Dr. J. C. Sanders, of Cleveland, had the extreme satisfaction during July of welcoming his son, Dr. J. Kent Sanders, who has been abroad for the past six years. While planning a visit home for later in the summer Dr. Kent was hurried earlier than he expected by reason of the quite serious illness of his father. He, however, found his father much better. It is the hope of his hosts of friends that Prof. Sanders may be spared a long time to enjoy the rest earned by his more than half century of ceaseless activity.

Dr. G. D. Cameron, of Chagrin Falls, O., was abroad during the past spring and summer. He spent most of his time in England, where there is no question but that he absorbed a quantity of information which will fit him all the better for his work. The doctor is thoughtful and observing, and knows how to tell what he believes about Homœopathy and kindred subjects.

The opening exercises of the Cleveland Homœopathic Medical College will be held in the main lecture room of the college building, September 27th. Usually this is a very interesting function, and no doubt this year it will be on a par with those of former years. Prospects for a good class are very bright.

The first fall meeting of the Cleveland Homœopathic Medical Society will be held September 20th in the college hall. This society has had a year of unusual prosperity under the leadership of President W. H. Phillips and Secretary M. H. Castle A number of prominent men from outside the city have addressed the meetings, which were largely attended, none of them by less than one hundred physicians from the city and surrounding towns. Among those addressing the society were Drs. C. E. Sawyer, of Marion, O.; J. H. Wilson, of Bellefontaine, O., and John E White, of Colorado Springs, Colorado.

Dr. E. H. Pratt holds his annual course in orificial surgery in connection with the American Association of Orificial Surgeons on September 27th and 28th at Hering College, corner of Wood and York streets, Chicago. This is an ever-popular course and well attended It will pay any man to take it.

Dr. E. H. Jewett has been transferred to the Materia Medica department of the Cleveland Homœopathic College. Dr. Jewitt is a thorough Homœopath, a good teacher and a successful prescriber. We are glad to record this appointment as adding great strength to our Cleveland school.

Dr. Virgil L. Weir has located in Toledo, Ohio, at 335 Superior street. Dr. Weir was formerly house surgeon in the Toledo Homœopathic Hospital.

Dr. A. H. Norton has removed from Allen to North Adams, Mich.

Dr. F. W. McAfee was married on August 21st. The doctor is located at Davisburg, Mich., and has the felicitations of the Medical Century.

Dr. Leon J. Gibson, who has been house physician to the Homœopathic Hospital of the University of Michigan, began his duties as assistant to Prof. R. S. Copeland on August 1st.

We stated in our August number that at the dinner of the Unanimous Club held in Chicago Dr. A. B. Norton presided as toastmaster, and that he made a good one. We take this back; he did not preside as toastmaster. That function fell to Dr. C. E. Walton, of Cincinnati, and he made a better one.

A writer signing himself "Observer" tries to take a fall out of Homœopathy and homœopathic teaching in the Hahnemann College of Chicago in the Illinois Medical Journal. It is simply the raving of some unsuccessful allopath who cannot comprehend the homœopathic Materia Medica. The wonder is that the Illinois Medical Journal, which is a part of the American Medical Association, that is so nice to us at present, would print such tommy rot.

Dr. Edward Harper, of New Orleans, has returned to the Macheca building from which he was recently driven by fire. He reports great success in the treatment of yellow fever—losing no cases. But this is always so with, Homœopathy.

Dr. J. T. Crebbin, in the same building, is similarly successful.

The committee of arrangements of the late meeting of the American Institute of Homœopathy at Chicago have sent the treasurer of the Board of Trustees of the Institute for Drug Proving a check for $1,000 to start a permanent endowment found.

Dr. H. V. Halbert, the senior professor of clinical medicine in the Hahnemann Medical College of Chicago, has in print a new practice of Medicine. Dr. Halbert is one of the fine writers of our school, was formerly editor of the Clinique, and we know that the new work will be the best work on practice that our school has ever had. It will be published by the P. H. Mallen Company, of Chicago.

Dr. D. D. Stevens and wife, of New York, were both taken with typhoid fever on July 1st. We are happy to report that both are recovering nicely under homœopathic treatment. The doctor goes to Newfoundland on September 1st to regain strength for his winter's work.

Dr. Frank Kraft, from his vacation on the Pacific Coast, gave us an excellent issue of his journal the American Physicians for August. It show what he can do when away from his parish practice. He is probably our very best editor, and says things. But as he truly remarked in his last issue, there are those with purple whiskers and kid gloves who know not Frank, or even William.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. Edgar J. George is spending his vacation at the home of his parents in Fairfield, Iowa. He takes three days of each week for his vacation during the month of August, being absent from his office Saturday and Monday.

Dr. W. E. Boynton and family have returned from Manchester, Iowa, where they spent a month with the doctor's parents.

Dr. L. C. Grosvenor, as usual, spent the summer at his country home in Massachusetts. He says it makes him at least ten years younger every time he goes there.

Dr. T. Howard Plank now has a down town office, being located in the Heywood building. His hours there are from twelve to four.

The Volunteers of America are planning to establish a free dispensary in Chicago. It will be under the control of the Homœopaths, and in a short time it will be possible to give the names of the men who will be identified with it. The Salvation Army here employs no one but Homœopaths for their work. It is certainly a great recognition of our school when these two great organizations turn to it.

The second catalogue of the Phi Alpha Gamma fraternity is now in press, and will soon be ready for distribution. The editor is Gilbert Fitzpatrick, M. D.; the associate editor is Carleton A. Harkness, M. D., and the managing editor is A. H. Waterman, who graduates from Hahnemann this year. It is a complete directory of the members of the society, and in addition gives their hospital appointments and the positions occupied by them. It will be a very beautiful book, and one of which the members will all be proud.

Dr. C. C. Collier has located in South Chicago, and is building up a good practice He has been injured by the fact that some one started the story that he was doing a quack or advertising business. He says he has done nothing of the kind, but is being strictly ethical, and is practicing Homœopathy.

Dr. Burton Haseltine has returned from an extensive trip, having been out of the city for several weeks. During his absence his practice was taken care of by Dr. Street.

Dr. W. M. Stearns's father-in-law died in this city on August 8th, after an illness of several weeks.

An old hospital, which will be a new one, will be opened in September when the repairs on the old Chicago Homœopathic Hospital are completed. About fifteen of the old faculty of the Chicago Homœopathic Medical College have purchased the hospital building and are making extensive improvements and alterations. The third floor, which was formerly devoted to wards, has been made into private rooms, which are the equal of any in the city. The second floor has not been changed except for the redecorating and necessary repairs. The first floor, which was formerly used by the college as laboratories, has been converted into three wards of four beds each, a maternity ward of six beds, a nursery, a room for septic cases, a room for those in labor, internes' rooms, superintendent's office and bedroom, matron's office, sewing room, drug room and laboratory and electrical room. The electrical room has been equipped by Dr. W. F. Becker, and is the equal of any in the city. X-ray apparatus, high-frequency coils, wall plates, and so forth make it possible to do all manner of electrical work. Dr. Edgar G. Davis will have charge of the laboratory and will make examinations of blood, sputum, urine and pathological specimens. An elevator has been added to the equipment. The wood work will all be white enamel so as to permit of thorough and easy cleansing. The men back of the institution expect to run it as a strictly first-class homœopathic hospital, and all of the patients sent to it by anyone will receive the best of care. The nurses' training school will be enlarged and made even more efficient than formerly. Among those connected with the new hospital are Drs. M. B. Blouke, C. T. Hood, A. R. McDonald, Edgar J. George, E. H. Pratt, T. E. Costain, B. A. McBurney, J. C. Sayre, W. F. Becker, Edgar J. Davis, W. L. Ruggles, and Leslie Beebe.

Dr. George N. Pratt has recently been chosen as president of the Boulevard Sanitarium, which was opened this spring in the old Carter Harrison property, corner of Ashland and Jackson Boulevards. Miss Horn is superintendent.

Dr. Cameron has opened an office down town in the Reliance building. His hours are 11 to 1.

Dr. Emily Siegmund has spent her summer vacation as usual at her country home in Michigan.

Dr. Wilson A. Smith, who has been practicing for several years at Morgan Park, Ill., has sold his business and has removed to Michigan, where he has purchased a large fruit farm.

Dr. J. H. Roach, who has been interne at the Chicago Homœopathic Hospital, has resigned his position and has located at Wheaton, Ill. He takes the practice of Dr. Jaynes, who has removed to California.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The medical profession of Washington is now on vacation.

Dr. A. K. P. Harvey is with friends in his summer camp in New Hampshire.

Dr. Charles L. Bliss is in Maine.

Dr. L. B. Swormstedt is at Cresco, Pa.

Dr. Leigh Y. Baker in Maine.

Dr. E. S. Lothrop at Atlantic City.

Dr. Richard Kingsman at Eagle's Mere, Pa.

Dr. F. A. Swartwout at Colonial Beach, Va.

Dr Wm. Rufus King and Dr. J. B. Gregg Custis are camping on the St. Lawrence river.

Dr. H. H. Hawxhurst is in Massachusetts.

Dr. I. W. Dennison has just returned from a three weeks' visit to his old home in Connecticut.

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Surgery.

REMARKS UPON THE TECHNIQUE AND RESULTS OF HYSTERECTOMY.

BY GEORGE W. ROBERTS, M. D., NEW YORK.

Except in cases of positive diagnosis of operable carcinoma uteri, hysterectomy is never the operation of election. It is the earnest desire of all gynæcologists worthy of their profession to preserve, not only the uterus, but the entire complement of female generative organs in its anatomic and physiological completeness, and it is earnestly hoped that no statement by the author will be construed as an attempt to unduly enlarge the field of hysterectomy. The fact remains, however, that after the history of the case is considered, after the symptoms have been weighed, and after the vague picture drawn from pelvic examination has been illuminated and defined by the exploratory incision, hysterectomy—by one method or another—appears in the light of present knowledge to be the only rational method of effecting a sure and permanent cure of quite a variety of dangerous and distressing pelvic diseases.

However earnest is our desire to be conservative, still, true conservatism of life and health often demands the radical operation, and it is this fact that impels us to consider the operation itself and make a few remarks regarding its methods and results.

We feel sure that you will agree that no one method or route is applicable to all cases, and that no one method is followed by universally good or universally bad results. It is, however, desired to call attention to certain questions relating to the reputed results of hysterectomy, to express an opinion as to the actual results and to call attention to certain variations in technique which we regard as of highest importance.

If for a good and sufficient reason the gynæcologist proposes a hysterectomy to his patient, the most urgent objection is not commonly the contemplated loss of the child-bearing function, but far more frequently the startling picture, as it presents itself to the patient, of a woman bereft of the womanly qualities. The desire to obviate this dire result is doubtless accountable for the recent trend of surgical practice toward leaving in situ an ovary or part of an ovary in every case where such procedure is possible. Perhaps this practice arose as much from the desire to offer a sop to the patient's anxious feelings as from the belief that the retention of a remnant of such a complex anatomical and physiological entity, as the female generative system, could be of advantage to her.

The laity, and all too many of the medical profession, believe, or at least fear, that hysterectomy, or, more correctly, salpingo-oophoro-hysterectomy, however skillfully executed and for whatever purpose, will be followed in some occult manner by a coarsening of feature, manner and voice, by the possible growth of a beard, and increase of flesh, especially about the waist and hips, by a host of remote, unpleasant, nervous symptoms, and last, but not least, by the loss of sexual desire, inability to perfect the orgasm, and in some cases by inability to be a party to the sexual act.

If these results do obtain they affect very materially the availability of hysterectomy as a therapeutic procedure for any condition which does not directly jeopardize life. If they do not obtain, the physician who is not aware that these reputed results are mere phantoms, or who, being aware of the facts, fails to disabuse the laity of their unwarranted fear and prejudice, is unwittingly depriving many suffering women of an available method of relief. Again, if these results follow hysterectomy, not in all but in some cases, then we, as conscientious surgeons, should inform ourselves of the numerical proportion of the operated cases which are thus seriously damaged by the operation itself.

Finally, if a part of these cases are so damaged and others are not, we should know what methods are followed by the bad results and what by the more favorable.

Permit me to state some opinions and practices which have grown upon me, more especially within the past few years.

First. There seem to be some cases which, in addition to the ordinary transient symptoms of the spontaneous menopause quite universally following hysterectomy, suffer from an exceedingly varied train of nervous phenomena, unaccompanied by gross physical changes of any sort. Upon casual observation this result appears to be due to the operation itself. This conclusion, however, is based purely upon the fact that it follows the operation—post hoc propter hoc. The assumption upon which the present practice of conservatism of pelvic remnants is based is sometimes that there is an internal secretion by the ovary or the uterus, or both, which exerts a powerful influence upon the nervous organism of the patient. At other times it is claimed that ovulation itself is an important factor in maintaining the nervous equilibrium.

From the nature of the case it seems apparent that these explanations are quite entitled to the term assumptions; nothing has been proven on the physiological aspect of this subject. Personally, we are very skeptical as to the validity of either of these explanations, and object to their use as excuses for leaving in situ a suspicious ovary or tube, or the uterus itself, in those cases where the necessary operation or disease destroyed the physiological entity of the female genitalia.

In other words, it seems to be an assumption rather than a fact supported either by logical theory or by carefully tabulated chemical evidence that the comparatively small proportion of unfavorable results following salpingo-oophoro-hysterectomy in properly selected cases are the results of ablation of these organs pure and simple, nor is the proposition supported by sufficient evidence from cases where relief of symptoms has followed successful ovarian grafting.

The fact that morbidity follows a small proportion of hysterectomies is not a sufficient basis for the marked prejudice which exists towards this operation in the minds of the laity, and is fostered, we regret to say, by the attitude of a large proportion of the medical profession.

A proportion of morbidity follows all classes of operative procedure, because human judgment and foresight is fallable in varying degrees, but always fallable. Many women fail to receive benefit from a hysterectomy because the operation was not applicable to their condition, and its performance was an error of judgment. Many women are so constituted, mentally, are so impressionable, that whatever the operation, it becomes the one great epoch of their lives, the event from which all subsequent events are dated, and back to which are referred all subsequent and even some previous ills. Nor in considering this subject must we lose sight of the great importance of suggestion. Many women are so susceptible to this etiological factor that even the enquiring glance which Mrs. Grundy so graciously bestows when first they leave the hospital door; means to them that masculine lines are already appearing, or that the dreaded beard is about to appear. Mrs. Grundy's conversation and solicitude exert a powerful influence, and a few apt quotations from the fertile tongue of Mrs. Grundy's family physician cap the climax, and not infrequently do more damage than the skillful operation repaired, unless the medical attendant throws into his counter suggestion a subtle wisdom fortified by absolute conviction of the truth of his statement.

Many women are ticketed at or before birth to the invalid's chair or the insane asylum. Hysterectomy will supply no return ticket nor will it hasten the trip, except as it adds a little more fuel to the fire of nerve destruction.

In none of these cases is hysterectomy itself, if indicated by the local conditions, to be charged either with the terminal results of nervous disease or the effects of adverse suggestion gratuitously supplied.

During nearly fifteen years of moderately active surgical and gynæcological work one naturally does many hysterectomies and by many different methods.

Good results have not been by any means universal. Death from error of technique has occurred, death also from unavoidable causes, death from such unforeseen conditions as angina pectoris, morbidity in the form of recurrence of cancer, pelvic hernia and ventral hernia, are not absent from our list of unpleasant experiences, and unsatisfactory results, but while we have made it a rule to enquire frankly and fully as to the mental, nervous, and particularly the sexual condition of every patient, where such inquiry was possible, in not a single case has a bad result been reported, and in many cases frank acknowledgment of improved mental, nervous and sexual conditions coming from patient and husband has formed a material part of the expressions of gratitude.

We believe that there are cases where these unpleasant results and serious results do obtain however, and that in such cases where the result is chargeable to hysterectomy at all, it is chargeable to a fault or rather an omission in technique, which seems to be almost universal. We suspect that the vast majority of cases where permanent unpleasant nervous and mental conditions have followed hysterectomy as a causative factor would, upon inquiry, be found to have dysperunia as a prominent feature, and, furthermore, upon examination would be found to have a shortened vagina as a physical basis for the whole condition.

The casual perusal of many text-books and journal articles upon this subject fails to show emphasis upon the danger of this accident or upon the means to be employed in order to avoid it. It may be that confreres are employing the same or better means than the writer in providing for the maintenance of a long vagina with a freelessly and painlessly movable top; if such is the case, we merely wish to emphasize the importance of the subject.

The normal uterus is suspended in the pelvis by attachment of the parametric cellular tissue to its cervical segment and by attachment of the round ligaments to its fundus. The length of the vagina is maintained by attachment of its superior end to the cervix and to the parametrium. If, now, the uterus is removed in its entirety, the top of the vagina falls, and when healing takes place it is found to be shortened, and the mass of scar tissue tends to act as a buttress resisting its elongation during copulation, and dysperunia is the primary result; the remote results we will not at this time attempt to trace.

Complete hysterectomy performed by either the vaginal or abdominal routes does more than merely deprive the vagina of its attachment to the uterus, because in executing the vaginal operation the cervix is held down while the parametric attachments are pushed rather than cut off, and thus the parametrium itself is torn and weakened.

In executing the abdominal operation a reverse procedure is executed with similar result.

The vaginal operation is, however, not always followed by vaginal shortening, because often either by design or accident the ligatures, sutures or clamps used to control hæmorrhage accomplish also a massing together of the round ligament ends, broad ligament bases and vaginal top in such a manner as to leave a fairly good suspension. But in order to attain a designated and successful suspension of the vagina, if for no other reason (and there are many others), the cervix uteri should be preserved in all non-malignant conditions demanding hysterectomy. This, of course, rules out the vaginal in favor of the abdominal route in all except cancer cases. It is, however, in the abdominal hysterectomies that least attention is paid to cervical suspension where supra-vaginal amputation is executed, and to vaginal suspension when the hysterectomy is complete. It has for a number of years been the writer's custom to take great pains to amputate the uterus at the level of the internal os, so as to leave a deep V-shaped stump, to remove both ovaries and tubes in every hysterectomy unless especially requested not to do so, to disturb the parametric tissue as little as possible, and to sew the round ligament ends firmly and deeply between the divided flaps of the divided cervix, and finally to tack the flap of peritoneum which formerly attached the bladder to the uterus over the line of sutures uniting the cervical flaps and onto the posterior cervical surface.

This procedure serves the double purpose of so gathering up and approximating the pelvic raw surfaces that the line of sutures across the pelvis usually so fully described and illustrated are not necessary, and at the same time it suspends the cervix or vaginal top more ably and painlessly at its normal level in the pelvis.

In looking into the pelvis after this technique has been executed, absence of uterine fundus, ovaries and tubes is all that appears. No raw surfaces appear and the cervix is drawn to or above its normal level by the round ligaments with the appearance of a normal pelvic partition. Upon examination months later, it is difficult to recognize the absence of pelvic organs so perfect are the conditions of the vagina and cervix, and so normal is the mobility.

We are inclined to credit to preservation of the cervix and its careful suspension in every case the absence of post-operative morbidity.

SOME REFORMS IN SURGICAL TECHNIQUE,

O. S. RUNNELS, A. M., M. D., INDIANAPOLIS, IND.

I desire to call in question the wisdom of certain procedures in the technique of abdominal surgery, and to that end make the following charges and specifications:

1st. I charge catharsis with the most of the post-operative alimentary canal difficulties.

2d. I charge the soap poultice, the early shaving and the scrub brush with the awakening to activity and the favorable culture of bacteria.

3d. I charge the free use of water in the peritoneal cavity with the dilution and the dissemination of sepsis, otherwise uninocuous or not inimical, and thus the establishment of much wide-spread and dangerous peritonitis.

It is my custom to make as little change in the feeding of the candidate for operation as possible. I counsel the avoidance of rich and highly seasoned food and the eating of meat for a period of one or two days beforehand and the partaking of liquid refreshment only on the half day before the operation, but, otherwise, I advise the the forces of the body be maintained, as nearly as attainable, in normal status. Exceptions, of course, are made in cases of stomach surgery; but in all cases the nutritive forces are encouraged to the utmost. It has been my rule for years to leave the bowels undisturbed in the preparatory technique and to give no cathartic of any kind before the operation. If the bowels are in a normal state they should be left so. If the rectum has not been evacuated, this should be accomplished by enema as a preparatory measure; but attention further than this is vicious meddling, a disturbance of bowel equilibrium that should be dispensed with whenever possible.

The behavior of the bowels in the emergency case, when all this unnecessary service has been denied, has taught me lessons of decorum and has been proof to my mind that the bowels will take care of themselves if they have the opportunity to do so. They have been crippled in the performance of their functions thousands of times by their supposed friends.

Given a drastic cathartic, cathartic action for hours and days, and the intestinal equilibrium is lost; the nerve batteries have been drawn upon and more or less exhausted; the canal has been evacuated and washed out by the freshet; the walls are collapsed and stimulus to peristalsis has been withdrawn. The tone of the vital force in the intestinal tract has been lowered and the normal vigor has been reduced.

Two things follow: 1st. There is marked irritability of the intestinal mucosa; the stomach becomes more intolerant and revulsive, vomiting is more in evidence and more continuous. The upper intestines being empty and without contained substance, or stimulus to peristalsis, are set in motion only by the convulsions of the stomach; but the motion is reversed and we have anti-peristalsis.

Or 2d. Owing to the collapsed state of the bowels, the absence of vermicular motion occasioned by the want of bowel contents and the gases incident to intestinal digestion, bowel loops are forced to lie dormant; static conditions obtain and locked bowels or paresis is the result. The peritoneal surfaces of the bowel loops, in repose for a few hours, become adherent, and a condition follows in all respects identical with that encountered in cases of bridles or bands, fixation of intestines is liable to occur and so complete is this in many cases that nothing but manual intervention can relieve it. The pendulum of the bowel clock having been set swinging too far in one direction has swung too far in the other, thus losing equilibrium and producing a stop.

This used to be such a frequent and frightful experience with me in the old cathartic days that I welcomed with great rejoicing the emancipation

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*Read before the Surgical and Gynæcological Society, Chicago, June 28, 1905.

from this nightmare that the banishment of the ante-operation cathartic secured. No longer were we in suspense and great travail for days over the wrong action or non-action of the stomach and bowels, for it was found not only that we had far less nausea and vomiting after the anæsthetic, but that the bowel operations were resumed voluntarily. The patient had appetite and was able to take nourishment by the mouth without detriment very much sooner than formerly. The welcome rumbling of the bowels and escape of flatus per rectum is experienced as early as the second or third day, and the normal stool, aided, perhaps by a small enema, follows on the third or fourth day, purgatives being very rarely called for.

Thus is normal bowel action permitted to continue, vicious intermeddling and unnecessary embarrassment of function is avoided and nature is imposed upon to the minimum extent. The volume of fluid in the body is not thus needlessly reduced, the enervating influences of purgation are evaded and exhaustion is not so apt to follow. Conservation of energy has been practiced designedly, and the applause of nature is witnessed in her better post-operative behavior. I desire here to express obligation to my friend, Dr. G. W. Roberts, of New York, for initiative in this particular.

Super-service is witnessed again in the extraordinary treatment of the integument. Hands of the operator and skin of the operator are parboiled and scrubbed and treated unmercifully in all conceivable ways for a long time beforehand. The normal, smooth state of the dermis is roughened and reddened and made sensitive to a marked degree in order to exterminate, if possible, the last microbe there resident; and this notwithstanding the fact that no piece of cuticle was ever so thoroughly cleaned or so antiseptically treated, as to make germ culture from it impossible. Deep among the dermal scales and glands bacteria have habitat, and the more soaking, scrubbing and shaving the more likelihood of loosened scales, roughened cuticle and liberated bacteria. Many surgeons have recognized the futility of this extreme effort and have found that simple but thorough washing immediataely before the operation with soft sponge and no brushing, is more ideal and effective. All cuticle taking part in the operation should be spared this rough and long-continued treatment. The fifteen minutes just preceding the cut of the scalpel is ample time in which to do the shaving and all the precautions of skin preparation.

Listerism has been an immeasurable blessing to the technique of surgery, but the road to its wisest application has been devious and perilous. The dense carbolic spray during operation, the universal application of strong germicidal preparations to exposed surfaces and the profuse use of water in the abdomen have been found to be not only unnecessary but positively injurious. That it is a dangerous precaution and is provocative of fatal peritonitis in many instances, there can be no doubt. The success in bad pus cases obtained in these days by the dry process, the mere sponging or wiping away of the pus, together with the employment of the cigarette drain, a twist of gauze surrounded by rubber tissue, is very encouraging. I have secured good results by this method so often in forbidding cases that formerly were almost always fatal that I am convinced that the free use of solutions in the peritoneal cavity is obsolete or will soon become so.

Some surgeons still advocate the liberal use of the normal salt solution in all non-septic abdomens while they forbid its use where sepsis is present. Even this practice I deem to be more than requisite and often dangerous. The claim for it that it re-enforces the circulation and anticipates the necessity for transfusion or hypodermoclysis is not as valid as it seems, inasmuch as the non-septic case does not require ordinarily a prolonged operation and the need for such reinforcement is not pressing. Wherever such need is announced I believe it is far better to transfuse if emergency demands it, or, the time being granted, to make the injection hypodermatically into the cellular spaces. The toilet of the peritoneum is thus performed in more ideal fashion, the patient is not drenched externally as well as internally, and vital force is not further reduced by the refrigerating process of evaporation thus forced upon the skin.

There is such a thing as the sin of commission as well as the sin of omission. The surgeon should be careful always to do the thing necessary to secure the best result, but should be absolutely certain to employ no measure that is unnecessary or embarrassing. He should eliminate from his technique all that is super-serviceable and perfunctory. He should adhere to no method as a mere routinist but with judicial mind weigh carefully at all times the evidence for and against every procedure.

522 North Illinois Street.

DISINFECTION OR STERILIZATION OF THE HANDS.*

HENRY C. ALDRICH, M. D., MINNEAPOLIS, MINN.

For the individual who desires to make a success of the practice of surgery one of the first things to be learned is to not only cleanse the hands thoroughly but also to keep them clean, at least throughout the operation or operations of the day.

Many and various are the disinfectant solutions used for chemical disinfections. But for bringing about a sterile condition of the skin and nails of the hands there is nothing equal to mechanical cleansing, for at least ten minutes, by the use of hot, sterile water, sterile green soap and scrubbing brushes rendered sterile by boiling or by superheated steam under pressure.

I say sterile green soap for the presence of pathogenic organisms have been frequently demonstrated in the ordinary green soap of the shops. You can at once see the futility of attempting to render anything sterile by washing or scrubbing in water which is not sterile. And, too, it has been abundantly illustrated that scrubbing brushes cannot be made sterile by immersion in antiseptic solutions alone.

Among the antiseptic solutions used in addition to mechanical cleansing are the bichloride of mercury, which is so generally used, which acts by coating over the surface with an albuminate of mercury easily removed, which is found to be true not only with bacteria but with their spores as well, and likewise with the skin itself. However, the structure of the skin is such that it is impossible for antiseptics to penetrate its substance, and consequently the greater dependence must be given to mechanical cleansing, and, indeed, many surgeons depend upon it alone.

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*Read before the Minneapolis Homœopathic Society, 1905.

The cyanide of mercury in solution has a less irritating effect upon the skin and a more thorough disinfectant effect, and it possesses this advantage that in alkaline solution it has no corroding action on instruments. This disinfectant or chemical method of hand sterilization was first brought to the attention of the profession by our own Perry, of Farmington, Minn., through the pages of the Minneapolis Homœopathic Magazine, and several months later other writers brought it out through some of the Eastern journals of the old school.

Alcohol is highly lauded, especially by many European writers, as a means of hand disinfection, and the good results from its use are supposed to be due not only to its inhibitory action on germs but also to its hardening effect upon the skin by which the germs are literally locked up therein.

Most excellent results have been produced, clinically, by the use of corn meal and powdered mustard, but these results are thought to be mechanical and not chemical; but, however, it has abundantly demonstrated the fact that mustard is an ideal substance to remove foul and noxious odors from the hands.

The use of saturated permanganate of potash solution to stain the skin of the hands and arms a deep brown, this to be followed by a saturated solution of oxalic acid to bleach the skin, has been so long and so favorably known as to need no comment. The other antiseptics, such as carbolic, lysol, etc., need no further comment. To my mind the chief objection to their use is the fact that they have a more or less noticeable paralyzing action upon the nerves of sensation, and hence lessen tactile sensibility markedly.

Still other antiseptics are used for chemical disinfection of the hands, and one to which I am particularly partial is chloride of lime, used either in a solution with acetic acid or with the carbonate or bicarbonate of soda in equal parts with sufficient water added to make a paste, and the hands and arms coated with this paste. A chemical change takes place, free chlorine is eliminated and the disinfection results. In our own school this method is highly lauded by Dr. Bukk Carleton, of New York, who tells me that since using it in genito-urinary work he seldom has stitch abscess in the scrotum, and Dr. Jas. W. Ward, of San Francisco, extols its use, claiming that in a series of experiments for the purpose of determining the relative value of various antiseptic solutions in sterilization of the hands that the use of the chloride of lime resulted in a much lower percentage of growths on the various culture media used than was found after using any other chemical antiseptic.

A recent writer in one of the journals lauds very highly the following solution for disinfecting and rendering sterile the skin of the hands and at the site of operation: 94 per cent. alcohol, 640 c.c.; hydrochloric acid, 60 c.c.; water, 300 c.c.; corrosive sublimate, 0.8 gramme, making a solution containing 60 per cent. alcohol, 6 per cent. hydrochloric acid, and corrosive sublimate 1 to 1250; and I know of its successful use in several of the hospitals in this city. It causes but slight biting, about like that of fresh peroxide of hydrogen, and will, on sensitive skins, cause some exfoliation.

Dr. J. C. Webster, a writer in the Am. Jour. Obstetrics for April, 1905, who has used the following method for a year, claims for unpurified clover oil that it is best for hand sterilization:

After scrubbing for five minutes with soap and hot water, which is frequently changed, the hands are carefully dried with a sterile towel, rubbed for a minute with alcohol (absolute) to remove the water in the skin; then rub the hands with the clover oil for five minutes, and then wash it off with alcohol. But a slight burning sensation results, less marked where absolute alcohol is used. Later, rub with sterile talc powder, and use dry gloves which have been sterilized.

After having sterilized the hands and site of operation, to make assurance doubly sure, the surgeon should then put on rubber gloves which have been sterilized by boiling, even though so great an authority as Ochsner, of Chicago, says that the wearing of gloves transforms a first-class surgeon into a third class surgeon.

In support of the arguments in favor of the use of rubber gloves I must cite the figures of Drs. W. T. Bull and W. B. Coley, of New York, in reporting a series of 1,500 operations for hernia in children in which the statement is made that the occurrence of pus or suppuration had been reduced from 4.4 to 2.1 per cent. since the introduction of rubber gloves as a routine measure.

However, if one objects to the slight impairment of the tactile sense occasioned by gloves he may resort to the substitute therefor recommended and used extensively by no less an authority than Dr. J. B. Murphy, of Chicago, and which consists in coating the hands, especially about and under the nails, with a solution of gutta percha in benzine or acetone; the solution in benzine being preferable as it is more adhesive and consequently less easily stripped off during an operation; afterward it is easily removed by washing in benzine, and leaves the skin in a splendid condition. The gutta percha is sterilized in a formalin solution and the benzine by boiling in a stout bottle in a water bath, then the solution made of the strength of 4 per cent., 6 per cent. or 8 per cent.; the first being the best.

These solutions deteriorate by age, and should be used freshly prepared.

Conium.

Vertigo on lying down, and especially on turning over in bed. (Verified by J. L. Bashore, M. D.)

TREATMENT OF ACUTE INTUSSUSCEPTION WITH A REPORT OF A SUCCESSFUL CASE OF EXCISION OF THE INVOLVED BOWEL.

BY GEO. F. SHEARS, M. D., CHICAGO, ILL.

At the meeting of the Surgical Section of the American Institute of Homœopathy held in Atlantic City in 1899 I read a paper on the treatment of intussusception, advocating prompt operative interference in these cases, and reported five operative cases in which the abdomen had been opened for treatment. Although I had had a limited experience, I felt convinced, and so expressed myself in the paper, that except in those cases in which after opening the abdomen, the intussusception could be easily reduced and without force, that the best method of treatment consisted in the direct excision of the involved bowel. I ventured the prediction that early operative interference offered the best chance of a curative result, and made the statement that I was very much inclined to believe that in the near future the surgeon who advocated leaving these cases alone or relied largely on inflation of the bowel would be placed in the same class as the surgeon who left cases of strangulated hernia to the natural processes or relied wholly on manipulation.

The discussion which followed mildly approved of the suggestion made, the undercurrent of feeling being that the mortality of operations was very great, and that nature often effected a cure. During the six years that have passed the surgical treatment has steadily gained ground until primary laparotomy is a well recognized procedure, at least among progressive surgeons. Two very interesting articles have recently appeared in the Annals of Surgery (March, 1905), one by Charles Herbert Fagge, of London, senior surgeon to the Evelina Hospital for Sick Children, in which he reports eighteen cases, and one by Cutherbert Wallace, of London, surgeon to St. Thomas's Hospital (in charge of out-patients), assistant surgeon, East London Hospital for Children, in which he reports twenty cases. The former says: "So many writers of repute have for the last seven years urged the method of laparotomy as the method of reduction that its advisability must now be agreed upon. But well recognized lines of treatment, especially if simple and non-operative, die hard, and so inflation will be only finally given up after many more successful laparotomies have been recorded." Dr. Wallace in reporting his cases makes the statement "that the treatment of intussusception may now me stated to be primary abdominal section. Inflation, except as an auxiliary measure to reduce the tumor out of the pelvis, as advised by Mr. Kellock, is now abandoned." Nevertheless some of our most recent and popular text-books advise these temporizing measures.

In the American Text-book, under treatment, is found the following: "The first indication in the treatment of invagination is to withhold food by the stomach and to administer opiates to diminish the peristaltic action of the bowels above the seat of obstruction, after which no time should be lost in effecting disinvagination by mechanical measures. The simplest, safest and most efficient of these is distention of the bowel below the obstruction with air." Then follows a detailed account of the method to be employed. If these measures fail operation is suggested. The formation of an anastomosis between the bowel above and below the intussusception without excision being recommended as the first method to be employed.

Evidently the methods of those most familiar with the treatment of intussusception by operative measures have not gotten into the text-books. Dr. Wallace reports twenty cases in each of which a laparotomy was made. In all but two of these cases he was able to reduce the intussusception by manipulation without any operation on the intestine. Of these eighteen cases but two died. Two cases could not be reduced, and resort was had in one to excision and in the other to an artificial anus. Both of these cases died.

In Dr. Fagge's report of eighteen cases reduction by manipulation after opening the abdomen was made in thirteen cases. Of these three died. Five cases could not be reduced and operation was made upon the intestines. In one the intussusception was left outside and a Paul tube introduced above the obstruction; the patient died. In the four remaining irreducible cases the intussusception was excised, and the gut united by end to end anastomosis with simple suture. All died. Combining these two reports we have a record of thirty-eight cases. In thirty-one cases in which manual reduction was accomplished the per cent. of recovery was eight-four. In seven irreducible cases in which resection was impossible, the mortality was one hundred per cent.

My own contribution amounts to five additional cases.

Case 1. Child of six years; duration of disease four days. Laparotomy difficult. Patient did nicely for eight days; wound healed, then sudden collapse, and patient died. Post-mortem; perforation of ileum.

Case 2. Child aged three years. Duration of disease twenty-four hours. Ileum through the ileocacal valve, distance of four inches. Laparotomy; manual reduction. Prompt cure.

Case 3. Child aged seventeen months. Duration of disease thirty-two hours. Laparotomy. Ileum into ileum. Manual reduction easy. Prompt cure.

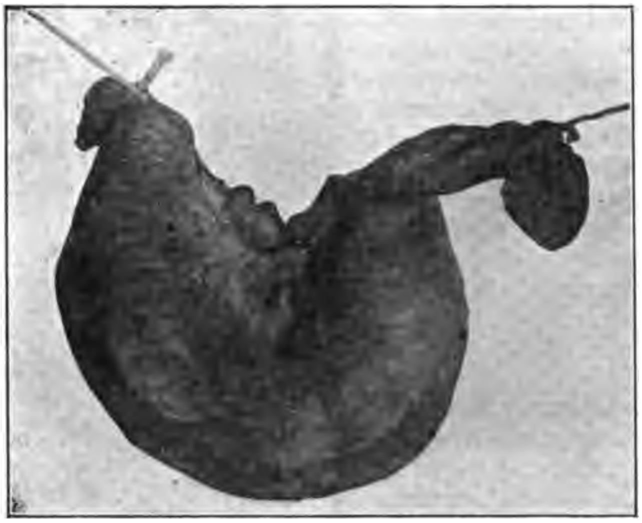
Case 4. Child aged nine years. Duration of disease eighteen hours. Laparotomy. Ileum into ileum. Manual reduction easy. Cure.

Case 5. Child aged four years. Duration of disease thirty hours. Intussusception of ileum into ileum. Reduction impossible. Excision, end to end, anastomosis with the Murphy button. Cure.

Inasmuch as this last case resulted successfully, and was the only case in which an operation was made upon the intestines, either in the report made by Dr. Wallace, Dr. Fagge or myself, that resulted successfully, I have reported it in detail, as follows:

F. H., aged four years. On Sunday, August 28th, 9 A. M., he complained of sudden and severe pain in the abdomen accompanied by vomiting. The pains were intermittent but very severe. The patient was given a dose of castor oil, but it was not retained. He had had a movement from the bowels that morning, but the character of it was not determined. His physician, Dr. Harris, being called, gave a colonic flushing, which was followed by some fæcal matter of a very dark color and foul odor and some free blood.

The colonic flushing gave immediate relief from pain, but the vomiting continued at intervals during the day and at night. On Monday the patient was relieved of pain but the vomiting continued and the abdomen became distended. Patient's pulse now began to increase very rapidly. He became dulled and stupid. At one P. M. he was taken to the Hahnemann Hospital. His temperature on arrival at 1:30 P. M. was 101 2-5°, and pulse 180. He did not complain of pain, although he had been carried in a buggy for four miles. The surface of the skin was cold and wet. He was given a hypodermic of strychnia and whisky and heat applied to the extremities.



SECTION OF BOWEL REMOVED FROM CASE V.

A careful examination of the abdomen gave resonance all over the abdomen except in the lower right quadrant, which was dull.. No tumor could be discovered. Patient was asked to urinate and passed six ounces of normal urine. Shortly afterward he had a large liquid bowel movement, very offensive and consisting almost wholly of the blood. Operation was advised. This was consented to, and the patient was taken to the operating room. As he was very weak, and it was desirable to limit the time of anæsthesia, all preparation of the abdomen was made before the anæsthesia was administered, the little patient making no objection. The abdomen was opened in the median line below the umbilicus, and upon incising the peritoneum a quantity of bloody serum escaped. The small intestines pressed out of the wound, and upon inserting the hand into the abdomen a hardened mass was easily found. This, upon being withdrawn from the abdomen, proved to be an intussusception of the ileum into the ileum at a distance of about four inches from the ileocolic junction.

An effort was made to dislodge the intussusception which was soon found to be impracticable. It was, therefore, decided to make an enterectomy and excise the entire mass. This was rapidly done, and an end to end apposition made aided by the Murphy button. The patient was returned to the ward with a pulse of 140, and apparently in as good condition as when he entered the operating room. At 7:45 he had a liquid brown stool, evidently consisting of degenerated blood; at 8:15 the temperature was 102 8-10° by the axilla, pulse 140, and one involuntary bowel movement had taken place; this was followed at 9 A. M. by another involuntary bowel movement; at 10:30 eight ounces of urine passed.

The patient rested fairly well during the night, and on the 30th, at 7 A. M., had a temperature of 98 8-10°, and a pulse of 130, and another brown, offensive involuntary stool. From 7:30 until 12:00 the patient slept most of the time. At 4 P. M. the temperature was 98 6-8°, pulse 120; had passed fourteen ounces of urine and had several loose, dark stools. At 11 P. M. he was given diluted milk by the mouth, which he retained. August 31st, 4 A. M., temperature was 100¼°, pulse 130 and weak. Patient was given one-twentieth of strychnia, hypodermically, and more milk. During the day he took milk every three hours and slept at intervals; the temperature ranged from 99½ to 100 3-10°, pulse from 114 to 130. September 1st the movements of the bowels became better in color, the temperature ranged from 99 to 100°, the pulse from 110 to 120. Diluted milk and chicken broth. September 2d he had another soft stool with pain from gas in the abdomen. Saline enemas were given, followed by free discharge of flatus and fæcal matter; temperature 102° by rectum, and pulse from 116 to 120.

September 3d fæcal matter, yellow and green in color, passed; temperature 99 2-5 to 100°, pulse 98 to 116. Slept well, took a fair amount of good nourishment. September 4th had two large green-yellow stools with mucus, button passed on fifth day; temperature 96 6-10 to 100°, pulse 98 to 104. From this time on the temperature gradually decreased to normal, and the pulse from 100 to 80. The stools now continued to be either yellow or green, and the urine normal in character. The usual amount of liquid nourishment was given. On September 8th the patient developed a pustular eruption on the head, back and abdomen, and the tongue which had previously been pronouncedly coated became clean. From this time on recovery was uninterrupted.

The successful result in this case I ascribe to three things: 1st. He had had no morphia to lock up the bowel, and all infecting material, therefore, passed freely immediately after the operation. 2d. The operation was made without delay. 3d. The patient was under chloroform but a few minutes, and no bruising or injury of the intestines was produced in prolonged attempts at manual reduction. The specimen of which I now show you a photograph proved the utter impossibility of reducing the intussusception by any force short of rupture.

Practice of Medicine.

COUGH.*

BY ORRIN LEROY SMITH, M. D., LEXINGTON, KY.

For a cough aggravated upon lying down one prescribes Belladonna or Hyoscyamus, and the failure disgruntles the patient and chagrins the prescriber. An examination would have shown the cough to have proceeded from an elongated uvula, which, in turn, depended upon an anæmia, prolapsed uterus or incipient "Bright's."

This is but one of many instances evidencing the erroneous conception of cough and the consequent disappointments emanating therefrom. As a matter of fact, cough is not a disease but a symptom, safe-guarding the patient, both as a scavenger, and as a danger signal announcing the existence of diseased conditions usually situate along the respiratory tract, although not infrequently located elsewhere.

A moist cough emanates from the gravitation of nasal discharges or inflammation of the pharynx, larynx, trachea, bronchi or lungs, while a dry cough proceeds from an isolated local or reflex irritation. Decayed teeth, bad fillings and non-use of the tooth.brush account for many a chronic cough.

The mouth-breather's cough, almost certainly failing of remedial cure, will shortly disappear with the reduction of the hypertrophied turbinate, removal of the adenoids, correction of the irregularities of the nasal septum or cardiac imbalance, because of the respiratory irritation resulting from the inhalation of unmoistened, unfiltered and unwarmed air therefrom.

Cough often follows the presence of single or multiple granules upon the posterior or lateral walls of the pharynx, which usually disappear when respects have been paid to excessive smoking or chewing, and oxaluric, lithæmic or rheumatic conditions arising from sub-oxidization and faulty elimination.

Irritation, inflammation or enlargement of the lingual tonsil gives rise to a most distressing cough and really serious spasmodic and strangling cough that rarely responds to anything short of vigorous local treatment. The writer recalls a case referred for the treatment of a tubercular laryngitis that had been harried by day and night with an almost uncontrollable spasmodic cough. Investigation revealed tightly impacted cerumen, removal of which shortly relieved the spasmodic attacks, after which the traumatic laryngitis soon cleared up entirely. One of my professional friends in Illinois cured a cough that had proven intractable by ordering new mica for the heating stove doors, thereby preventing the escape of coal gas. The presence of sewer or illuminating gas, the latter in even one-eighth of one per cent., and the vapors emanating from the chemicals used in the arts and crafts, has been seemingly the exciting and only cause in a number of cases that have been under the essayist's care

A wrinkled forehead, tense countenance, dilated pupil and a chronic cough often depend upon the reflex irritation arising from an adherent prepuce, imbedded clitoris or masturbation. A direct or transferred irritation received by the vagus or its tributaries, the phrenic or the sympathetic, occasions a cough. Thus it becomes readily appreciable why and how the pressure from enlarged cervical, bronchial, thyroidal or lymphangeal glands, swollen gums, dental abscess, dyspeptic stomach, hypertrophied liver or spleen, intestinal worms or fæcal impaction create a cough that persists until theunderlying cause is removed.

It has been my misfortune to see a number of patients whose chronic cough has been prescribed for as such for many months, when in reality laryngeal tuberculosis was well advanced. I recall one particularly sad case, the sole support of a widowed mother and two children, whose physician assured her time and again during the winter that her trouble was only a chronic cough and hoarseness, and that without ever having taken her temperature or examined the larynx or sputum. If such neglect is to be harshly condemned, what shall we say of the prescriber, who, to cover up his ignorance or laziness, resorts to the use of opiates? We should ever remember that following a so-called "cold" or an attack of "grippe," the persistence of a cough beyond the period of ten days becomes suspicious, demanding thorough and frequent examinations.

We should not overlook the fact that hysteria is not a rare foundation for some coughs, best treated by suggestion. Then, too, nervous, impressionable children who continue coughing after the removal of the cause must be vigorously encouraged to cultivate the necessary control. There is neither desire nor intention of belittling remedial measures or results, but it does seem that in these practical, progressive times, with all its educational advantages and advances, that it greatly behooves us rationalize practices that garner dissatisfaction and distrust for the patient, professional depreciation for the physician and disrepute for the body medical.

HÆMATO-CHYLURIA.*

BY S. E. GEORGI, M. D., CINCINNATI, OHIO.

Is when the urine assumes a pinkish color from the presence of colored corpuscles. This is so frequent and occasionally so abundant as to justify the term of hæmato-chyluria.

Miss N., aged 50, of Irish birth, entered the Deaconess Hospital in February, 1904; remained there until August of the same year, when she was admitted to the Ohio Hospital.

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*Read before the Kentucky State Med. Soc., May, 1905.

*Read before the Miami Valley Homœopathic Medical Society, Cincinnati, Ohio, May 2, 1905.

She passed the climacteric without any visible disturbances; four years later she noticed an enlargement of the abdomen, and œdema of the feet. On admission, resonance over the stomach was quite marked; there was dullness over the liver, kidneys and spleen. The spleen was very much enlarged, and a floating kidney was diagnosed on the right side. There was no pain. Temperature normal, pulse 80. Emaciation; had weighed 160 pounds in health. Skin clear, color good, but grows very pale when she sleeps. Urine milky with streaks of blood and large quantities of chyle in jelly-like masses, which would dissolve in the alkaline urine in an hour or two. Specific gravity 1010, albumen, uric acid. Microscopic examination revealed crenated red corpuscles and microcytes, also fat in small droplets, which became fat granules the second day. The quantity was the normal amount.

The urine did not always clot, but looked like skimmed milk, emitting a whey-like odor on being voided.

The cervical and axillary glands were enlarged to the size of filberts, and later the inguinal, too. She had always been a resident of Cincinnati, never having been in the South.

Her health had always been good up to this time except twenty years previous she had had an attack of malaria, and had taken very little quinine in her life.

The urine was always milky, never at any time intermitting, except during the last few weeks of her illness, when the stomach was sometimes irritable, vomiting food and bile then the urine was normal in color and also scant.

In December she passed some semi-solid masses from the bladder about three inches long, two inches wide and one-half inch thick with hæmorrhage, preceded by a feeling of uneasiness and vesical colic.

At intervals blood was passed from rectum and bladder.

Tests were made for the filaria sanguinis hominis with the urine and the blood after sleep in daytime, but none was found.

The temperature varied from 95° to 99°, and pulse about 80.

The skin on the body and limbs was quite waxy in appearance.

The œdema of the feet subsided for a time on rest, but again reappeared on the right side, showing there was pressure on that side. Probable cancer had been diagnosed by some physicians, but there was no cachexia, no pain, and after death the abdomen became quite flat.

The result of treatment was practically nil.

As to diet she had a full tray, but restrictions were put on the red meats for a time, permitting the white meats and three eggs daily. She tired so of this diet that the regular bill of fare was allowed.

She had Stillingia, Lycopodium, Bryonia, Phosphorus, etc. The most that could be done was to stimulate nutrition.

During the last week the urine was scant, stools liquid; she breathed with difficulty; complained of aching and feeling tired; growing weaker from day to day.

She died February 7, 1905. The immediate cause being exhaustion and heart failure.

A post-mortem was not granted.

So where the lesion and direct communication existed between the chyle-carrying vessels and the urinary tracts still remains an unsolved mystery.

Materia Medica.

KALI CARBONICUM.

BY M. E. DOUGLASS, M. D., BALTIMORE, MD.

Physiological Action.

All the salts of potash are poisonous (even though potash is necessary to the integrity of tissues). They enfeeble the heart, lower the temperature and cause anæmia. They promote tissue waste, increasing the amount of urine and its solid constituents, especially uric acid. (Among the potashes in our Materia Medica are to be classed Causticum and Tartar emetic.) In studying the symptomatology special attention should be paid to the character of the secretions from mucous membranes, to the pains and the time of aggravation.

Symptomatology and Therapeutics—Generalities.

Twitching here and there. Sticking is the most characteristic pain. Rheumatic pains in back, chest, shoulders and arms, worse moving them. Bruised pain in all muscles. Inclined to take cold; symptoms of taking cold from every draught of air. Dread of open air (Hepar, Nux vomica).

Sensitiveness on touch and motion. Heaviness. Weariness; in morning on waking, better rising, worse afternoon; every morning as if he would faint or have vertigo; tremulous weakness when walking. Faintness as soon as he moves a little. Pains recur at 2 or 3 A. M., so that he cannot lie, and are worse than during the day when moving. Aggravation in open air.

This drug is generally indicated in conditions of weakness, with low temperature, soft pulse and mental indifference; the pains in every part of the body are acute, sticking; there is general aggravation from cold (Nux vomica), and the time of aggravation, from 3 to 4 A. M., is quite characteristic of the drug. Its action on mucous membranes is characterized by catarrh, with very scanty, tenacious secretions. Muscular rheumatism of various parts of the body, with sharp, lancinating pains, always worse early morning. General anæmia, with great sensitiveness to cold air; with gastro-abdominal symptoms; with tendency to cough and sharp chest pains.

Mind.

Fears, about her disease. Easily frightened. Anxiety. Fretful.

Head.

Aching; mornings on waking (Nux vomica);

from walking in open air. Sensation as if something in it was loose and twisted towards forehead. Confusion. Vertigo; on turning around; on turning suddenly. Pain in forehead in afternoon when walking, with peevishness; with pressure above eyes: with photophobia; extending into eyes and root of nose, with drawing, tearing. Drawing in forenoon and at midnight. Sticking in temples. Internal pinching in left temple, also tearings. Tearing, drawing in left half of head. One-sided paroxysmal pain in evening, with weakness, almost amounting to nausea. Falling of hair. Hair dry. Headache, with vertigo, caused by riding in a carriage.

Eyes.

Redness of white, with many vessels in it. Sticking in middle. Smarting, burning and biting. Lachrymation.

Lids.

Swelling of upper, towards nose. Inflammation of right, with pain in eyes and inability to read by the light. Soreness of external canthus, with burning pain. Swelling between brows and lids, like a sac. Tearing in right orbit and eye, at night. Vision weak. Photophobia. Kali carbonicum is found extremely useful in

Muscular Asthenopia.

After various diseases, especially if associated with puffiness of the upper lid or between the brow and lid, which seems to be a marked characteristic of this drug, and which has led to the use of the drug in various chronic diseases of the eyes and lids, and indeed of other organs.

Ears.

Tickling, itching, cracking, ringing in one, with roaring in other. Singing, roaring. In

Chronic Inflammation.

Of the middle, with sticking pains from within outward, especially behind the ear, and chronic catarrh of the nose and soreness, with stinging pain.

Nose.

Thick and red. Nostrils scurfy. Ulcerative pain in right nostril. Burning. Stoppage. Stopped catarrh. Fluent coryza. Blowing of offensive matter from right nostril. Bleeding; in morning. Indicated in

Dry Nasal Catarrh,

With more or less cough and loss of voice. Catarrh, with obstruction, fetid discharge, burning, nostrils sore and crusty. Nosebleed recurring always on washing the face or in the morning.

Face.

Sickly color, with pale lips. Pallor, with weakness; worse open air, and hollow-eyed, and the child looks frozen in open air. Lifeless expression. Haggard and exhausted look. Scurf on upper lip.

Mouth.

Boring after dinner, as if something got into tooth. Stitches in teeth. Aching only when eating, as if something got into hollow tooth. Throbbing pain only when eating. Pain; in root of last hollow molar in evening; only on taking food. Drawing as soon as she gets into bed in evening.

Tongue.

Painful pimple on tip. Soreness of tip. Burning: on tip, as if raw or covered with blisters. Painful blisters in all parts, with burning pain. Offensive odor like old cheese every morning. Sticking in back part of palate. Dryness; in evening without thirst. Salivation. Taste bad and mouth slimy. Toothache of a sticking, tearing character, extending into the head.

Throat.

Mucus; more in morning; in back, only loosened by much hawking; tenacious, in back part in morning, which can neither be completely swallowed nor hawked up (Kali bichromicum). Hawking in morning, with expectoration. Sticking in pharynx as from a fish bone (Hepar), if he becomes cold. Scraping; with dryness and roughness. Roughness with cough. Crawling, provoking hawking and cough. Swallowing difficult, food descends œsophagus very slowly. In

Pharyngeal Catarrh,

With constant need to hawk. Catarrhal stricture of œsophagus, feeling of a lump which cannot be swallowed, or of a stick extending into the stomach. Pharyngeal catarrh, with constant clearing of the throat, sharp stinging pains, aggravated by cold (Hepar).

Stomach.

Eructations; in morning; of water after midnight. Sour eructations. Nausea; on every inward emotion, but when fasting there is only retching, worse eating. Nausea as if to faintness. Vomiting of food and acids. Feeling as if cut to pieces in morning, with external sensitiveness of epigastric region. Epigastric region sensitive externally to touch, eating and talking. Feeling as if full of water. Heaviness after eating. Swollen feeling in epigastric region. Uneasiness starting from pit, then eructations of food and acids. Throbbing in epigastric region, with sensitiveness to touch. Flatulent feeling. Burning acidity rising from stomach, with spasmodic constriction.

The gastric symptoms indicating this drug are indigestion, with bloating, sour eructations, heartburn and a weak feeling, or a feeling of a lump in the pit of the stomach, or a feeling of pulsation; after eating there are generally pressure, belching of gas, bloating and soreness (Lycopodium, Carbo vegetabilis). Gastralgia, sharp cutting or sticking, worse motion or eating. Dyspepsia of old people Gastric disorders from drinking ice water.

Abdomen.

Distention (Carbo vegetabilis); after eating (Lycopodium); after eating a little (Lycopodium); hard, with pain in umbilical region on touch. Emission of flatus. Incarcerated flatus. Cutting during menses; obliging her to sit bent over, pressing with both hands, or to lean far back; as before diarrhœa. Pain, in muscles on touch. Throbbing. Coldness during menses, as if a cold fluid passed through intestines. Sticking in hepatic region; in right hypochondria after dinner; in hepatic and right inguinal regions; in a spot in hepatic region, with sore pain on touch; pinching in hepatic region like pleurodynia. Sticking, tearing, cutting. Pain in liver when walking; pain in liver changing to heaviness; drawing pain in liver; sore pain in liver as after pressure; burning pain in liver. Heat in liver. Cutting about umbilicus. Cutting as if everything would be torn to pieces, deep down, then higher up. Dragging towards groins during stool; in groins, relieved by emission of flatus, with sensitiveness to touch. Weight, worse walking. Feeling of tension when sitting and walking, with heaviness. Kali carbonicum is useful in symptoms of chronic inflammation of the liver, with stitches, soreness, sometimes jaundice, swelling of abdomen, etc. It has been found useful in a variety of diseases of the bowels, flatulent indigestion, colic, dropsical effusions and even peritonitis, always with sharp pains, without fever, great aggravation from cold air and in the early morning. Sequelæ of biliary calculi. Sharp sticking in right side, extending across the abdomen or up into the chest.

Rectum.

Burning and griping; burning after stool. Ineffectual urging, with feeling as if rectum were too weak to evacuate the stool (Hepar).

Anus.

Hæmorrhoids swollen, bleeding during natural stool; swollen and protrude with a hard stool; stitches and burning for many hours; inflammation of hæmorrhoids; stitches; sore pain; pain; pain during cough; pain when walking. Stitches, with tearing and cutting. Burning, cutting. Soreness. Biting sore sensation in and around anus after stool. Burning; after stool. Crawling. Itching. Stool soft and insufficient. Constipation, during menstruation. Like sheep dung, painful and difficult (Manganum muriaticum). Stool insufficient; after much pressure. Bloody. In

Chronic Diarrhœa,

Generally painless and light colored, with chronic dyspepsia or with chronic hepatic disease. Constipation, with bleeding hæmorrhoids, of fæces in large light colored masses, with sharp cutting pains.

Urinary Organs.

Urging, but he has to wait long and urine flows slowly (Causticum, Hepar). Burning in urethra when urinating. Frequent urination, at night, but often pressure upon bladder long before the urine comes. She must press long before she can start the urine. Discharge of a few drops after urinating. Urine fiery, diminished. Loss of power of the bladder to expel the urine, worse at night, the urine is discharged slowly.

Sexual Organs.

Desire. Emissions, then weakness. Soreness before, during and after menstruation. Menstruation too early, and more profuse, lasting longer than usual. Kali carbonicum is an important agent in

Suppression of Menses,

With bloating of abdomen, sharp pains in the epigastrium, dyspeptic symptoms, nosebleed, general sensitiveness to cold, swelling of the upper lids, etc. Threatening abortion, with sharp cutting in abdomen. Suppression of the lochia, with bloating of abdomen, very sharp pains, etc., without fever. Dysmenorrhœa in women who menstruate freely. Puerperal metritis with sharp cutting. It has been prescribed for excessively profuse menstruation, with the peculiar symptoms of the drug.

Respiratory Organs.

Easy choking when eating. Raw pain in larynx on coughing. Hoarseness and loss of voice. Cough as early as 3 A. M., repeated every half hour; waking him at night. Tickling cough. Cough that affects the chest, from tickling in throat (Phosphorus). Suffocative cough at 5 A. M., as from dryness of larynx, with cramp in chest so that she could not speak, redness of face and general sweat. Violent cough causing vomiting; vomiting every evening after lying down some time. Fatiguing cough in evening. Dry cough from tickling in throat; dry, waking at night, with acute pain in chest on coughing, little cough during the day. Expectoration of small round lumps of mucus (Stannum). Breath short in morning. He felt as if there was no air in his chest. Arrest of breath wakes him at night. This agent is especially useful in

Chronic or Sub-Acute Catarrh

Of the air passages, sometimes with dyspnœa, suffocative breathing; the cough is generally dry, or the expectoration is very scanty, regularly worse 3 A. M., at times paroxysmal and suffocative. Cough, with sharp cutting or sticking in sides of chest or around the hypochondria. Asthma recurring every morning about 3 or 4 A. M., especially worse sudden cold changes. Chronic pneumonia or chronic inflammation of the upper part of the lungs tending to tuberculosis, the cough regularly worse 3 or 4 A. M., with sharp sticking in chest, with constant taking cold from the slightest exposure; the patients are weak, short-breathed, they have the swellings under the eyebrows and the gastric symptoms of the drug; it is almost as frequently indicated as Calcarea carbonica, though the Kali patient is worse from cold, while the Calcarea patient is worse from dampness; the chronic troubles requiring Kali should be sent to a warm climate, though moist; those requiring Calcarea should be sent to a dry climate, though cold. The expectoration of Kali carbonica is scanty and difficult to raise; it is very apt to remain adherent to the pharynx or slips back when partially expectorated. It has something of the stringy character of Kali bichromicum, but is less tenacious and less profuse. Like all the Kalis it is frequently indicated in asthma, which seems to be constitutional and hereditary; the patient wakes at 3 or 4 A. M. with dyspnœa, wheezing and sharp pain in chest on breathing (Kali nitricum is particularly indicated by burning in chest and freer secretion of mucus). Whooping cough is sometimes, but rarely, treated with it, the paroxysms occurring at 3 or 4 A. M. Chronic pleurisy, with sharp pains, dry cough, asthmatic breathing at 4 A. M., etc.

Chest.

Sticking in. Sticking in left on deep breathing; in right on inspiration; in sides on inspiration; sticking beneath left breast; at times extending from low down in chest, also in evening. Cutting in evening after lying down, she does not know how she shall lie, worse lying on right side; cutting in lower part with sticking, the cutting extending into left hypochondrium. Pain in whole left chest; pain starting from right breast, extending towards liver. Sore pain, worse talking; in upper part on breathing, touching and lifting anything heavy. Oppression, with deep moans. Throbbing in left chest near pit of stomach. Tension across chest on expiration when walking. Weakness, from rapid walking.

Heart.

The heart is weak and the pulse feeble in nearly all Kali cases. Rarely, but sometimes indicated in chronic cardiac inflammations, with sharp sticking pains and the general symptoms of the drug.

Neck.

Swelling of glands. Stiffness of nape in morning in bed.

Back.

Bruised pain during rest. Sticking in left scapulæ; in right on breathing. Tearing in right scapula in morning. Sticking in region of kidneys. Tearing in lumbar muscles, impeding respiration; burning tearing near right side of spine, above small of back. Pain in region of kidneys. Drawing pain in small of back. Pressure inwards from sides in morning; pressure during menstruation and in forepart of hypogastrium, as if everything would press out at genitals. Hence in

Lumbago

With sudden sharp lancinating pains, extending up and down the back, rarely through to the front, the patient is attacked at 3 A. M. and cannot remain in bed. Lumbago, as if the small of the back were broken, pains shooting down backs of thighs.

Extremities.

Sticking in joints and tendons. Pain when he rests fingers or toes on anything. Uneasiness in evening in bed. Heaviness, worse legs ;so that she can scarcely lift the feet. Axillary glands swollen. Tearing in left shoulder joint. Weakness. Tearing in bends of elbows; in elbows, with drawing. Tearing between thumb and index. Burning pain in fingers. Falling asleep of tips of fingers. Tearing in and on nates not far from hip joint. Suppurative pain in nates and in thighs, from sitting. Sticking in left hip when standing, after sitting down sticking tearing down whole leg, as if in marrow, better after rising from seat. Tearing, even when sitting, in hips and in knees. Cramp in right thigh and in calf, waking him at night. Jerking. Tearing in tibiæ, with pain in periosteum on touch and tension when walking. Drawing in bones, with tearing. Uneasiness in evening. Falling asleep when lying. Tearing in inside of foot and on sole. Heaviness; walking is irksome. Falling asleep of foot after dinner. Tearing in first phalanx of great toe. Pain in tips of toes on walking. In

Sciatica.

With very sharp lancinating pains. Is is indicated in hip disease of scrofulous children, with the severe pain and periodic aggravation of the drug.

Skin.

Itching on chin. Itching beneath great toe nail, with pain on touch.

Subacute Erysipelas.

In old people characterized by the sac-like swellings under the eyebrows. Erysipelas resulting from a wound.

Sleep.

Sleepiness during the day; early in evening; attacks of sleepiness when eating; after eating, with chilliness and yawning. Sleepless after 1 or 2 A. M.; till 11 or 12 P. M. Restless sleep. Talking in sleep. Starting in sleep.

Fever.

Heat before menstruation, with thirst and a restless night; in the room after taking cold in a draught of air, then heaviness of limbs, tearing in whole body and head, with roaring in ears, general coldness, during the next night sour sweat. Burning in various places on skin, even under axillæ.

Sweat.

At night. Sweat in axillæ.

Homoeopathics.

CERTAINTY AND SIMPLICITY IN MEDICINE.

BY THOS. G. MCCONKEY, M. D., SAN FRANCISCO, CAL.

It is now just one hundred years since Samuel Hahnemann, a regularly educated physician of great learning and remarkable philosophical acumen, convinced of the futility and even harmfulness of prevailing methods of treating disease after mature thought and the most painstaking investigation extending over many years, promulgated the doctrine of Homœopathy. He was actuated wholly by a desire to give certainty and simplicity to the medical art. Homœopathy was the very antithesis of prevalent beliefs and methods. Being an innovation of a strictly practical character, and thus interfering with established habits and prejudices as well as invested interests, it naturally met with bitter opposition, which has lasted through the century to our own time. To-day the dominant school acknowledges the beneficent influence of Homœopathy in bringing about a needed reform, but continues to denounce the doctrine itself. For example, there was recently sent broadcast an anti-homœopathic pamphlet under the imprint of the American Medical Association, which contains, amid much sophistry and misrepresentation, the following: "Homœopathy has done a noble work; it has served its purpose well. Look back a hundred years to the time of its birth and contrast the methods of practice then in vogue with those which are in favor today and tell me whether a stupendous revolution has not been wrought, and largely through the instrumentality of Samuel Hahnemann." This is rather a sweeping concession to be made by an avowedly anti-homœopathic document, but there is the implied inference that Homœopathy is a "has been." The noble work that Homœopathy has done according to this pamphlet is in teaching the valuable lesson of what not to do. Even in this negative aspect the mission of Homœpathy is not completed. Dr. Wm. Osler, whose authority will not be questioned, in a masterly review of 19th century medicine, said: "The battle against polypharmacy, or the use of a large number of drugs (of the action of which we knew little, yet we put them into bodies of which we know less), has not been fought to a finish. There have been two contributing factors on the side of progress, the remarkable growth of the sceptical spirit fostered by Paris, Vienna and Boston physicians, and above all the valuable lesson of Homœopathy." There are other unfinished battles in the domain of what not to do in which Homœopathy will continue to aid on the side of progress, but Homœopathy is not a negation. While the dominant school has been taught by precept and example to "cease to do evil," the real mission of Homœopathy is to inculcate the positive injunction "learn to do good" in a therapeutic sense. Although the dominant school has abandoned or is in process of abandoning those cherished methods, such as "bleeding, purging, blistering, dosing with mercury, antimony and other compounds," which Osler tells us was the treatmen of typhoid fever during the first quarter of the 19th century, and both schools have shared in the results of the marvelous discoveries and achievements of the century, and are, therefore, much nearer together, yet in the matter of therapeutics they still diverge. The old school repudiates the term "allopathic" as descriptive of their therapeutics, but claim to practice 'rational therapeutics." This fine sounding phrase has the advantage of implying that the "other fellow's therapeutics is not rational, and that prescribing for the sick is a process of reasoning where there are no unknown terms. This would be an ideal method of our knowledge of the modus operandi of the curative action of medicine and our insight into disease processes were sufficiently perfect. Alas, the "if!" So-called "rational" therapeutics is but the veriest pretense.

The homœopathic physician believes that the rule similia similibus curentur, i. e., likes are to be treated by likes, is the most practical guide in selecting most, perhaps all, medicines for the cure of disease. This is accepted as an empirical fact. There have been offered many theoretical explanations, and one by Hahnemann himself, but he wisely remarks that he "puts a slight value upon any attempt at explanation." Hippocrates; the father of medicine, distinctly recognized the homœopathic principle, and other sagacious physicians from time to time have had presentiments that medicines, by their power of producing analogous morbid symptoms, would cure analogous morbid conditions. But only a hasty thought was given to it, and hence the reformation of the traditional defective manner of treatment into a genuine, true and certain art of healing remains unaccomplished to Hahnemann's time. A medicine is a medicine by virtue of its power to produce morbid symptoms. To give a thing that causes morbid symptoms to cure morbid symptoms has a strangely homœopathic sound, and yet it is common to all schools. Hahnemann only went one step farther in the same direction, viz., they must be able to produce similar morbid symptoms to those it is proposed to cure. The alleged knowledge of the effects of drugs on the human body was mere assumption and empty speculation, for nobody up to Hahnemann's time had ever systematically tested them on healthy persons, although Haller, the father of modern physiology, had called attention to this, so obviously the only method of learning their pure effects. Hahnemann with undaunted energy set about the Herculean task of ascertaining and recording the precise effects of medicines by taking them himself and giving them to other healthy persons whom he could induce to join him in these self-sacrificing labors. This accurate knowledge was a prerequisite to the practical application of the law of similars. "The true physician," says Hahnemann, "should know what is the pure action of each by itself on the healthy human body," and in thus putting the question to nature he was in accord with the "exact" methods of modern science, though his environment was of the speculative 18th century, which projected itself into the first third of the 19th. Comparative smallness of dose is the logical corollary to the law of similars. Minute dosage is not the least important and beneficent part of Hahnemann's therapeutic reform, and yet it has been a stumbling block to its general acceptance. Of course, those who regarded disease as some material entity to be driven out by drugs would make their therapeutic assaults with material doses, and would naturally ridicule the minute doses of Homœopathy. Lest this be regarded as a rhetorical statement, I will quote a pertinent paragraph from the London Lancet of February 24, 1900: "Until fifty or sixty years ago disease was regarded as an entity distinct from the body to be expelled from it by drugs like tapeworm, whereas we now regard it as a state affecting the entire man."

Pagel, a German medical historian, regards the present conception of disease, i. e., "disease means life under altered conditions," as one of the most valuable achievements of the century. With the usual unfairness he attributes the first concise statement of the great truth to Virchow. Hahnemann, in language most explicit and unequivocal, gave utterance to it before Virchow was born, and when the trend of medical thought was materialistic. This is not a matter of opinion but of record. Indeed, the idea that disease is an altered state of being rather than some material entity is the foundation of the homœopathic edifice, and the idea, expressed or implied, may be found on nearly every page of Hahnemann's writings. It is true that Virchow established the truth on a scientific basis as the mature fruit of his investigations in cellular pathology. Cellular pathology, which was born ten years after Hahnemann's death, only confirmed what he had realized by his philosophical prevision. The following taken at random from Hahnemann's writings illustrates what I have just said: "Hufeland, the leader of the old school, asserts that 'symptoms can be relieved by Homœopathy, but the disease remains.' He still entertains very material notions concerning disease which he is yet able to consider as a dynamic change in the state of the organism effected by morbidly altered vitality. He looks at disease as a material thing." Compare this with the quotation from the Lancet and also with what Sir Andrew Clark (old school) said, viz.: "For disease in its primary condition and intimate nature is, in strict language, dynamic." Much more might be quoted, but this is sufficient to show that the old school has faced about completely, and to-day accepts the much ridiculed doctrine of Homœopathy that disease is a dynamic condition. The corollary the dynamic action of medicines is not yet appreciated by that school. "Diseases are cured virtually and dynamically by medicines" and "not by means of the pretended solvent or mechanically dispersing, clearing out and expulsive powers of medicinal substances, not by means of a (blood-purifying, humor-correcting) power they possess of electively excreting fancied morbific principles, not by means of any antiseptic power they have (as is effected in dead putrefying flesh), not by any chemical or physical action of any other sort, as happens in dead things, as has hitherto been falsely imagined and taught by the various medical schools." That protest was made by Hahnemann in 1813, and yet, excepting the reference to blood-purifying and humor-correcting which the old school has outgrown, it is still pertinent so far as that school is concerned at this beginning of the 20th century. We may be sure that the truth of this may finally be accepted, for already the word "dynamic" has appeared in old school literature as describing the probable action of serum in serum-therapy, which is a valuable contribution to therapeutics from the scientific laboratories. In addition to probably being dynamic in its action it likewise conforms to the law of similars. For example, in Europe and Rio, where antiplague serum was given healthy persons as a protection, the symptoms were so like plague that "the physicians," says the reporter, "were in doubt as to whether the case might not be true plague, but bacteriological examination was always negative, and the patient rapidly recovered."

There is a place for the use of a drug for its direct and tangible effects which require material doses, but this is in the domain of palliative medicine. The use of opium to relieve pain or allay irritation in incurable cases, the use of amyl nitrite to relieve the agonizing paroxysm of angina pectoris are examples that suggest themselves. Is it not obvious that they are as much outside the realm of curative medicine as the use of ether as a general anæsthetic or atrophia to dilate the pupil? There is also a hygienic use of drugs depending upon this physiological action, such as cleansing the bowels by an aperient. These palliative and hygienic measures may be utilized when necessary by the homœopathic physician with perfect consistency. These uses of drugs constitute the major part of old school medication or so-called rational therapeutics. Wood's Therapeutics, an authoritative work, divides general remedies into eleven great classes, the first ten based on these physiological effects, such as anti-spasmodics, astringents, anæsthetics, etc., and bringing up the rear are "alteratives," the name given to those drugs that are administered for purely curative purposes without reference to their gross physiological action. Wood says: "They produce no very obvious symptoms in the dose used," and "their mode of action may be silent and imperceptible, their mode of influence may be unknown, but their therapeutic effects are among the most assured of clinical facts." They are called alteratives "bacause when administered they seem simply to alter morbid processes," says Wood. The virtue of these medicines was discovered by some lucky accident in the course of the centuries; in other words, is purely empiric therapeutics to which rational therapeutics is defined as being "opposed." Take away from rational therapeutics such specifics and alteratives as quinine, mercury, iodides, iron and a few others which it owes to empiricism, and it is deprived of practically all that belongs to curative medicine in that school. The homœopathic physician is much more consistent in using these specifics than the "rationalist," for so far from being "opposed to empirics" the law of similars itself is accepted as an empirical fact. Besides, these specifics and alteratives conform to the law of similars. Hahnemann's method of testing of "proving" drugs on the healthy is a method of discovering these very "alteratives," for homœopathic medicines are alteratives in the sense that they "simply alter morbid processes," and their mode of action silent and imperceptible, their mode of influence unknown, but their therapeutic effects are among the most assured of clinical facts. The end and object of the medical art is to cure disease. Therapeutics has to do wholly with the cure of disease, but compared with the other medical sciences it has not made commensurate progress among those who reject the homœopathic method. Homœopathy will continue its vigorous existence as a separate school until its doctrines are the accepted doctrines of the medical world, and this may require another fifty years, but hardly longer.

To antagonize symptoms has been and is still the practice of the dominant school. Hahnemann taught that these prominent symptoms may be the "reaction of the organism in its spontaneous curative efforts," and to antagonize them was "contrary to nature." The medical world is to-day learning from the studies on immunity and protection that the beautiful doctrine of Hippocrates, "nature is the physician of diseases," is a poetical statement of a most important practical truth. Darwin's fecundating doctrine of evolution also illuminates the question for the continuance of a species is contingent as much upon a perfectly adapted protective function as upon the reproductive or nutritive function. The most enlightened physicians in the dominant school no longer regard lowering of the temperature with antipyrine, antifibrin, salol, etc., as the sine qua non of fever treatment. The pendulum is now swinging the other way, for we find Friedlander, in Germany, not only treating it with respect, but recommending artificial fever as a therapeutic measure, on the ground that it represents a natural process, which serves the purpose of immunization and elimination.

It is the peculiar merit of Homœopathy that in its practical application it does not vary with the ever-changing hypothetical conceptions of disease action and drug action. There is no chance to go wrong by reason of theoretical considerations. Another peculiar merit is that it not only permits but requires that every symptom, whether merely experienced by the patient or observed by the physician, whether of body or mind, structure or function, must be considered. "Totality of the symptoms is a necessary corollary to the law of similars. Drug diseases like natural diseases have many symptoms in common, and the law of similars, especially the selection of the most similar, makes it imperative to individualize each case. In other words, the patient is treated and not an abstraction, as is the case when the disease is treated. The ordinary method not only does not require but makes it impossible to cover the totality of the symptoms except by combining in a single prescription several drugs and only then imperfectly. Such polypharmacy is a sure sign of its spurious and unscientific character.

Now what are the practical results of the homœopathic method compared with the ordinary methods? For after all this is not only the crucial test but a matter of supreme personal importance to each one of us. Statistics from a large number of hospitals, whether considered with reference to mortality from all causes or from some particular disease like pneumonia, are so uniformly favorable to homœopathic treatment that only adequate explanation lies in the superiority of that treatment over other methods. The number of days of illness is also uniformly less. The cost of medicines is also less. Dr. Bradford, of Philadelphia, has published a little book, "The Logic of Figures," which will convince any one of the truth of the foregoing. Even so good an old school authority as Dr. Osler, says in the same article, from which I have already quoted, that "nobody has ever claimed that the mortality among homœopathic practitioners was greater than among those of the regular school." This admission that the mild, and, therefore, safer, homœopathic medicines are just as efficacious as the heroic measures of the alleged "regular physician" would warrant the choice being made for Homœopathy regardless of the evidence of statistics and observation that it is more efficacious. For the formation of drug habits in patients as the result of prescribing them for their physiological effects as is the practice of the "regular" school is a matter of common observation and of serious importance. There is another aspect, viz., their capacity for positive harm even when no drug habit is formed, which is not so evident to the laity. Partly to show that Dr. Osler was a little careless in his tense when he said "nobody has ever claimed," etc., but more especially to show the change in the attitude of the old school toward Homœopathy, which fifty years have effected, I quote from a book published in 1853 by Sir James Y. Simpson, the Osler of his day. Its title was "Homœopathy; Its Tenets and Tendencies," and contained 292 pages, the import of which may be judged from the following found in the last paragraph of the book: "For who can say, where victims are hurried out of the world by a delusion, and for want of proper treatment, who can say that some of such might not have been saved alive, and given time for repentance as well as recovery? It is altogether an awful consideration; and I quite shudder when I look back at the number of melancholy cases which have come to my knowledge, where, at the eleventh hour, the regular practitioner has been called in when it was too late; when the precious time in which medicine might have availed, had been wasted with Homœopathy; and we could only shake our heads and lift up our hands, and exclaim, 'Alas, what folly!' and I fear we might add, 'What knavery, too.'" If such a radical change as is shown by these quotations can take place in fifty years, is not the prediction warranted that another fifty years will see Homœopathy generally accepted? The acceptance of Homœopathy has been a slow but steady growth, and in this does but prove its genuineness, for another philosopher has said: "Truth can abide its time, for it has a long life before it. Whatever is genuine and seriously meant is always slow to make its way, and certainly attains its end almost miraculously, for on its first appearance, it, as a rule, meets with a cool, if not ungracious, reception, and this for exactly the same reason that when it is fully recognized and passed on to posterity, the immense majority of men take it on credit in order to avoid compromising themselves."

Hahnemann had no doubt of the ultimate triumph of his doctrine, and wrote for posterity rather than his contemporaries. In his words: Homœopathy is a simple art of healing, unvarying in its principle and its method of applying them. The principles upon which it is based, if thoroughly understood, will be found to be perfect and unassailable.

Addresses.

HAHNEMANN'S 150TH ANNIVERSARY.*

BY C. E. WALTON, M. D., CINCINNATI, OHIO.

The birth, the life, the work, the heritage of Hahnemann! What a flood of reflection comes welling up for utterance! Go with me to the city beautiful, laved by the placid waters of the Potomac, and gaze upon the statue of him who sits in contemplative pose amid the tablets which commemorate his activities. We see the figure of one whose mighty dome of thought portrays the power that shook the medical world from center to circumference. He came not as the accidental product that had escaped the evil machinations of "race suicide;" nor as a waif tossed upon the sea of humanity, the victim of fortuitous circumstances, but in accordance with that inscrutable Providence which casts into a manger the saviours of mankind.

Tell me not that chance directs the origin of great men, and that environment makes them great! Initial impulse and environment are both controlled by a guidance which is no less existent because inexplicable. Sun, moon and planets pursued their wonted course long ere the first astronomers began to chart their movements. The earth held its treasures long before their discovery. Ions have ever held their sway. Neurons are not new in the nervous mechanism of man. Radio-activity is not recent, and new forces but await revealment. Chance is ever being dethroned by law, and law is ever setting new gems in a creator's diadem. Truly—

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*Address at Pittsburg, Pa.

"All are but parts of one stupendous whole,
Whose body Nature is, and God the soul."

"All Nature is but Art, unknown to thee;
All Chance, Direction, which thou canst not see."

Hahnemann came as an apostle of light to a benighted profession. Other lights there were, but his was "the greater light to rule the day," and in his effulgence concealed the lights that rule the night.

He brought order out of chaos, but, unfortunately for him, he overthrew the tables of the money grabbers and commercialism sought his destruction. Guarding with jealous care every threatened encroachment upon its preserves, commercialism yields only to superior force, but yield it must, in a struggle between selfishness and the public good. The victory is slow, but in the revolving economy of the Universe truth comes uppermost at last. Fortunate it was for us that Hahnemann lived long enough to give his truth an impetus that will carry it through an endless trajectory.

Some investigators travel the arc of truth's circumference, others travel the chord. The destination is the same, the time of arrival is different. Hahnemann traveled the chord; his opposers are still on the arc, but they are beginning to arrive.

The division of matter increases its weakness for some purpose, for other purposes it develops a new potentiality. A broken diamond impairs its worth as a gem, but diamond fragments can pierce the hardest granite, and diamond dust can polish even the diamond itself. Hahnemann, with his diamond dust of potentiality, polished the facets of his therapeutic diamond.

He stands pre-eminently among the world's great men as one who had the "courage of his convictions." Wonderfully endowed to seek the truth and find it, to find the truth and reveal it, he enriched the field of learning, broadened the scope of science, and stands alone as the first exponent of a developed drug pathogenesy.

What have we done with the heritage bequeathed us? Were Hahnemann on earth to-day what would he see? The full fruition of his labors? No! For that can never be. But he would see an army of followers striving with the strength that is furnished them to walk in his footsteps. We would he see? The full fruition of his labors? out in the travail of his soul, God supplement their strength. He would see scattered over our broad land many colleges, and hospitals, and dispensaries dedicated to the cause of Homœopathy, and in some of them he would see the unwelcome sight of—

"Truth perishing amidst her worshipers."

Were he to step into a college bearing his name and hear from professional lips that "teaspoonful doses of a mixture of fluid extracts of Thuya, Taraxacum and Corn Silk, in the proportion of 1, 2 and 3, will be found efficacious in the treatment of an enlarged prostate," would we be astonished to see him tear down his name and pronounce the curse of Nebuchadnezzar? It is doubtful if the condition would be relieved by the hygienic regimen of a vegetable diet. Oh, the pity of it! "Truth crushed to the earth will rise again," but the crushing must not outnumber the resurrections.

Could Hahnemann have looked over my shoulder as I recently read a prescription of an alleged Homœopath containing Iodide of potash, Biniodide of mercury, Fowler's solution of arsenic, Tincture of Echinacea and Succus alterans, would he have repudiated such Homœopathy? No! There is none to repudiate. I fancy, however, the words of King Solomon would suggest themselves, "As a dog returns to his vomit, so a fool returns to his folly." These are not typical examples of American Homœopathy, but the assurance is wanting that they are the only ones to be found.

Should he go to far-off Mexico, he would find a faithful band of disciples, come up through much allopathic tribulation, teaching in a well-equipped college the same Homœopathy that he himself taught in the University of Leipsic nearly one hundred years ago.

Should he travel throughout the States, he would find in many localities, and even in the colleges those who exemplify his teaching. While he might draw consolation from the reflection that "A little leaven leaveneth the whole lump," he would not fail to observe that many a loaf is spoiled in the baking.

What shall we do with our heritage?

Imitate Hahnemann by curing the sick where others have failed. Do this and we will not have to force ourselves into public institutions. Hahnemann did not lie awake of nights because he could not get an army or navy position; nor repine because he was not appointed a health officer. When, after his second marriage, he went to France, he did not have to force himself upon a Parisian public. On the contrary, he had to defend himself against the constantly increasing demands for his services. We can, at best, be but imitators of Hahnemann, and our observation leads us to say that the best imitators are the most successful healers. If it has become necessary to our success to reprove his Materia Medica, let us not forget at the same time to reprove Hahnemann.

I have in my possession the only edition extant of the "Autobiography of the Devil." Just how I became the custodian of this unique production needs no explanation to those who know me best. It may not be uninteresting to quote what it has to say about the origin of another class of practitioners and also about Homœopathy and its founder. Speaking for himself, the devil says: My first introduction on earth was somewhat informal, according to the Biblical account, but I soon established a secure footing in the best society, and at once set to work to institute a club for scientific research. From a small beginning and meagre results it grew in numbers and influence until it embraced every known person, and the entire membership has since been engaged in investigating the relationship existing between Mind and Matter. For thousands of years we worked along this line, and succeeded in permanently solving many interesting questions, till one day, thinking to add a little variety to our proceedings, I whispered in the ear of Mrs. Eddy, "There is no such thing as Matter." Like her ancient ancestor, she eagerly partook of this apple of discord, induced her immediate neighbors to sample the fruit, and I have been laughing in my sleeve ever since to witness the herculean efforts being made to harmonize the relationship between Mind and Nothing.

My little remark, dropped in the spirit of pure deviltry, has furnished me with more diversion than I thought it possible for this world to afford. I never expect to see its equal again. But I paid dearly for my fun by having Mrs. Eddy's efforts scheduled under the hermaphroditic title of Christian Science. I console myself, however, with the biological reflection that most monstrosities are short lived, and all are invariably sterile.

Again he says:

While taking a lively interest in all that goes on in the world, I have never interfered to any great extent in medical matters. For thousands of years they were conducted very much along my own destructive lines, and my annual importations were enormous. However, there appeared on earth some one hundred and fifty years ago, one Samuel Hahnemann, who was destined to interfere greatly with my calculations. The harvest of young souls was vastly diminished, and that of adult souls was placed in jeopardy. Something must be done to neutralize the efforts of him who had discovered one of the primal laws of the universe, and was utilizing it to my discomfort. I had to wait longer for my returns, and those who finally came to me were in such a hardened condition, owing to their increased longevity, that I was put to my wits' end to maintain proper discipline. So, among his followers, who were rapidly increasing in numbers and efficiency, I sowed the seed of discord, hoping that the conflict between their high and low dilutionists would end in a final annihilation. But I failed to score a victory, and the result was that a mutual toleration developed that actually added strength and numbers to their ranks.

Failing in this scheme I introduced the use of the combination tablet, but that only served to emphasize the virtue of single remedies, and again I was foiled.

Not to be thwarted by these failures I resolved upon a third attempt, and suggested the devilish expedient of professional amalgamation, and strove to substitute an alloy for the pure material, but the flax went wrong and the product was so small that further experiments in that direction were not justified. At present I am quiescent, rather loath to admit a permanent defeat, but it looks now as though I would have to put up with diminished gate receipts for a long time to come What I cannot destroy I must endure.

In this autobiography His Imperial Lowness does not indicate whether the amalgamation scheme to which he alludes refers to the one discussed in Paris in 1835, or to the one of recent date. The trail of the serpent is over them both. Hahnemann's immediate followers repudiated the former, and it is to be hoped that his present followers will continue to repudiate the latter.

An amalgamated Homœopath is a monstrosity in the world of medicine. The cause for which Hahnemann lived and worked will never be upheld by those whose foundation is made of such incoherent materials.

It is to be presumed that a celebration of the anniversary of Hahnemann means something more than an occasion for feasting and sociability; something more than a perfunctory performance. It means the recognition of the truth he proclaimed. It means the strengthening of our belief in that truth. It means a rejuvenated determination to perpetuate that truth. Our celebration means this or it means nothing. We are not yet ready to rest from our labors. When that time does come, may it be the rest of a warrior who has fought for a principle, not that of a subject who has fought under the sting of the lash.

May the spirit of Hahnemann abide with us, filling us with patient devotion to our calling, stimulating us to the cultivation of highest endeavor, sustaining us in times of defeat, restraining us in the pride of victory.

The crucible of Time, that final test
Which shows the worth of human deeds long done,
And from the doors of prejudice brings forth
With subtle alchemy Truth's golden grains,
Has brought before our wondering gaze, the
Confirmation of the claims of him who
Wrested from the sluggish womb of Nature
The hidden secret of the Law of Cure,
Though pierced with keenest shaft of Calumny,
And bruised by Persecution's heavy hand,
The Master, rose triumphant o'er his foes,
And lived to demonstrate his new-born Truth,
A priceless heritage he gave to all
Who follow in his steps, and we do well,
Upon this Anniversary to hail,
With loud acclaim, the grandeur of his work.

Current Literature.

Conducted by J. Richey Horner, M. D., Cleveland, O.

SUGGESTIONS FOR REDUCING THE PREVALENCE OF SUMMER DIARRHŒA AMONG INFANTS.

THOMAS S SOUTHWORTH, M. D.

Medical Record, July 29, '05.

Anyone who can so educate the people as to lead to a lessening of the terrible summer mortality among infants should be ranked as a benefactor to the human race. A high death rate in July and August among children under two years of age is so common as to be hardly noticed. In fact, the contrary would be regarded as abnormal. Dr. Southworth has incorporated some very interesting and valuable thoughts in his essay. He calls attention to the fact that the breast-fed infant rarely suffers from summer diarrhœa. Logically, we may inquire why are so many children not breast-fed, and who is responsible for the conditions which make the breast-fed child so rare? The essayist makes the charge that the family physician is guilty in regard to the second of these two points. He says that much of the mortality is due to preventable causes, and that prevention is in the hands of the physician. The average mother who does not nurse her child is only following the advice of her physician.

"Why do so many mothers bring their babies to me at the out-patient department of the Babies' Hospital with the story that they weaned their babies by the doctor's advice without any intelligent or conscientious effort to restore a supposedly poor or failing breast milk, and saddest of all, when the simplest inquiry reveals the fact that bad nursing habits and not the milk were at fault. A like negligence and disregard of well-established principles in the case of a simple fracture involving none of the danger to a human life, would furnish grounds for a suit of malpractice. Why, again I ask, should nursing be abandoned simply because there is not quite enough of the breast milk for the infant's needs. Would it not be arrant folly because a half loaf of bread were not sufficient to satisfy a needy family, to throw it away and go in weary search for a whole loaf, made of less digestible materials? Even partial breast feeding furnishes an important measure of protection to the child, and, in addition, it is a resource in reserve in time of urgent need. The practitioner who has not made use of concentrated corn meal gruel for the nursing mother does not realize what can be accomplished with a deficient mammary secretion." And the fact remains that "over 90 per cent. of the deaths from gastro-intestinal disturbances occur in bottle-fed infants, many, nay, a large majority, of these would not have died from this cause had they been nursed. It is safe, therefore, to assert that the surest protection against the death of an infant from summer diarrhœa lies in normal breast feeding."

The essayist emphasizes the necessity for beginning early in the spring to fit the baby for the ills of summer. "Eternal vigilance is the price" of the baby's life. He then discusses artificial feeding. He recognizes the difficulty in the way of any efforts to give the masses of the people pure milk, also noting the fact that for these difficulties the people themselves are to blame. They adhere to old-fashioned ideas and theories which have long ago been exploded, and it's hard to change them.

He does not touch upon one point which to us seems all-important, and that is the fact that comparatively few physicians have an exact knowledge of how to prepare milk for infants; and when we say exact we mean just that. No need for discussing that point. It is a sad fact that not one physician in ten can give exact directions to a mother for the preparation of proper food for her infant. There is a perfect way to do this, a grouping together of the water and milk and cream and sugar in definite proportions, and every doctor should know how to do it, but every doctor does not know, and not knowing, he becomes responsible, morally, for the deaths of infants in his charge who might have been saved if he had known his business. Think of it, my dear doctor-reader, and see if you are guilty of negligence in properly posting yourself.

There is another thing you can do, and that is interest yourself in the formation of a milk commission which shall investigate dairies and place "certified milk" within the reach of your patients. Personally, we do not know a great deal about this, but if you write to Dr. Hudson D. Bishop, 764 Rose Building, Cleveland, O., you can learn about it. He is on the Cleveland Milk Commission.

Here is a striking paragraph:

"The two-hour feeding interval suitable for easily digested breast milk during the first two months of the infant's life, or for the weaker modifications of cow's milk, is continued indefinitely while the amount of cow's milk is increased in the mixture, despite the well-established facts that cow's milk forms curds requiring longer stomach digestion than breast milk, and that the more complex become the compounds formed from the milk by the developing digestive secretions of the stomach, the longer should be the feeding interval to allow for complete emptying of that viscus. Short and irregular feeding intervals work havoc with an otherwise good digestive tract."

Ever think of that? Some good points there. Then, too, comes the quantity. The stomach can take care of just so much. Beyond that point you can't go with safety. Your little patient is actually "starved from overfeeding."

So the doctor goes on in his paper. He speaks of the need for keeping milk at a low temperture. This should be done by surrounding it with cold running water immediately after it is sterilized. Only by this method can the growth of the germs be prevented.

He takes up the vicious habit of allowing young children to have tea and coffee and unsuitable food, condemning it in strong language.

He closes his very excellent paper by insisting that the physician shall be able to recognize and do his duty at once upon presentation of an infant who is evidently suffering from mal-nutrition and mal-assimilation.

FOREIGN HOMŒOPATHIC LITERATURE.

BY P. W. SHEDD, M. D., NEW YORK.

Allopathy and the Chemie-fabriken.

The physician may believe the poet who sings of "old things passing and a change o' the times," but that "from the ruins new life doth spring" he will hardly accept, at least not in the domain of internal medicine. On the contrary, the "new life" frequently signifies instead of progression, retrogression, pestilence and death.

Mournfully he watches the old, steadfast columns and walls tumble down, while from the rubbish grows up the unstable, unproved, hideous brick walls of a modern chemical "medicine factory" from whose stark chimneys poisonous, lethal vapors effuse.

With few exceptions modern "official" medicine is the abortus of the chemie-fabriken. Daily are poured out new preparations for trial on the sick, heralded to-day, damned or forgotten to-morrow. The allopath, caught in this vortex, wanders credulous and happy along the path destined for his steps by the chemie-fabriken. He knows commonly little of the composition or action of his armamentarium, and resembles much the hurdy-gurdy man, who grinds his tune without an idea of music or the mechanism of his instrument. Why should he? The chemie-fabrik pastes on a label, like the book publishing trade,—there is the action of the remedy in black and white, "remarkable," "unprecedented." and the physician has only to take out his pencil and prescribe the name of the medley,—the chemie-fabrik does the rest, and in his mind's eye the doctor sees grim death, sorely wounded, limp away.

I have been surprised that the chemie-fabriken have not hit upon the idea of penny-in-the-slot machines, on the railways, on the streets. In long rows the names of diseases; beneath each a slot, and presto! the remedy, "absolutely sure in its action," is there. This idea needs only the sanction of an "authority in pharmacology" to be carried into effect.

It is astonishing how uncritical these professors in our clinics are. I saw an instructive instance of this recently. An infant 7 weeks old had received for several days three spoonfuls of castor oil daily for its constipation; be it understood not on the prescription of an ignorant mother but of a well known clinician. What happened? For eight days the child had no stool, in spite of (or because of) the oleum ricini. Now the time for "action" had arrived. The "authority" rolled up his shirt-sleeve, poked his right index finger around in the infantile rectum, and finally, visibly overjoyed, cried, "Step closer, gentlemen. This is extraordinarily interesting in a 7 weeks' child; a rectal stricture from a convulsive action of the lower part of the intestine!"

A further proposition on the part of the learned professor was answered by the mother taking her child from the clinic. Then the homœopath was called, as usual, when all else fails. A few molecules of Nux vomica cured the ricinus "stricture."

The gentlemen of the allopathic school gain no experience in drug therapy because they will not see. They have predetermined the action of a remedy, and that, or the surgeon, ends it. They will not see, for seeing implies an excursion into homœopathic teritory, and the Homœopaths are so "unscientific," so "old-fashioned." They heal disease without the festive rabbit and the gay guinea pig, without serum or scalpel. Such a minimum of apparatus, such a maximum of result! But homœopathic results are not "scientific" in the estimation of eminent clinicians and their boot-lickers, and since not scientific according to their phantasm of science, they are quite unacceptable.

The procedures must be "scientific" and "lege artis," though the crippled and hell-sent per lege artis be legion.

Only then can be explained the fact why "science" has not called a halt on the trade in chemie-fabriken products, which not only poison the people but rob them of hard-earned dollars.

Now and then a warning voice is raised (e. g. The Secondary Effects of Modern Drugs, by Prof. Otto Seifert, 1900), but allopathy slobbers on its devious ways.

Future medical historians will point with scorn to the present "trade" in drugs.

With biting irony Prof. Rossback (Aerztliches Vereinsblatt) strikes at the mania for new drugs, "each a specific" for a half dozen diseases, "guaranteed to cure," until here and there, in hospital or clinic, deaths follow their use, there is a panic in the medical world, a quiet burial, and room for a new remedy.

The misery wrought by the chemical industry in medicine is unmeasurably greater than the apparent benefit derived from some of the preparation. At best the salicylate preparations will but replace the rheumatism with a gastric catarrh, or something worse.

"But," says Prof. Hugo Schulz (Greifswald), "the patient has some rights, and when drugs are used whose merits are made known to us by the chemie-fabriken, and which have not been carefully studied, especially by experiment on healthy individuals (forsooth because our time is precious), one should not wonder at after-effects."

'Tis the fashion thus to drug, and he who is not in the fashion must needs be a Homœopath.

Karl Roth's survey of allopathic therapy for the last fifteen years (an allopathic author) is instructive and shameful. He says, "I no longer blame the ignorant who would heal a strangulated hernia with warm cow-dung. I blame rather the professional, who, in spite of his education, lets loose the most complex combinations of the aromatic series upon the blood corpuscles, the action whereof upon the heterogenous constituents of protoplasm and consequently upon the sources of vital energy no man yet knows. Better cow-dung on the hernia than coal-tar in the blood! One may, indeed, regulate the heart with Digitalis or Strophanthus; an intermittent with Quinine or Arsenic; an influenza with Salipyrin or Antipyrin; a syphilis with Mercury, but how much cardiac energy has been misused; how much fell and irredeemable injury has been done to other organs; how many cells have been paralyzed; how many red or white corpuscles destroyed—in other words, what changes the final and mysterious vital reactions have undergone because of these chemical foreign agents, no man can tell.

A science which sees only superficially in these interworkings of energies and chemical metatheses I spurn from me. Such therapy but cheats itself in endeavoring to cheat nature. Your medical students applaud and cry "bravo!" when a cough is deadened with morphine. Later they are astounded at the appearance of a phthisis, all because the great machine of nature has been interfered with, and instead of throwing off disease products has been compelled to retain them as a culture medium for bacteria.

The fact alone that from the days of Egyptian priestcraft to the present epoch there has been only interminable change in medicaments should lead the thoughtful physician to the conclusion that the most ineradicable of diseases is drug disease.

The "rational" physician who to-day pityingly smiles at his forefathers of a century ago who prescribed "dog's fat" for phthisis is discounting his own reputation with the critics of the future by his prescription of creosote in the same disease. Later ages will hold "dog's fat" much better adapted to the chemism of the human body than creosote. If a higher race wished to exterminate us, as we do rats and lice, they could not choose better agents than drugs of the creosote and guaiacol stripe. Dog's fat would never do the job."

As allopathic testimony this is valuable.

[The original article has been somewhat curtailed because of lack of space.—Trans.]—Dr. Stager, Leipziger Pop. Zeitschrift fur Hom.

The Logical Basis of Therapeutic Skepticism.

BY R. G. ECCLES, M. D.

Therapeutic skepticism is not confined to the laymen. It is found mostly among the brethren of the old school. Else why do teachers say of pneumonia treatment or typhoid treatment: "Remedies internally administered do but little good in these cases?" Or why do we find old school physicians who carry their patients through typhoid without the use of internal remedies? Yes, the old school teaches therapeutic skepticism to its students. The new school does not, but nevertheless its students sometimes become tainted with unbelief and we fear at times go out from the college with the feeling that surgery is "It," while medicine is not. Why do they? Principally because in their instruction they have occupied only one of their special senses. They simply hear their teacher say that this or that remedy will do thus and so. He may prescribe the remedy in his clinic, but the average clinic does not report results so that the student does not see that his teacher is right. No need to tell about the surgeon. The forty-pound tumor, or the "plate full of ovaries," as Brother Kraft would say, not to mention the gore and the knives and the permeating anæsthetic; these, you see, appeal to more senses than one. The surgeon shows that he does things, the medicine man says he does. And there's all the difference in the world to the mind of the intelligent student.

But to our mutton, for Dr. Eccles discusses therapeutic skepticism as it affects the layman; and it does, sure. Witness the Christian scientist, the osteopath, the faith curist, the Dowieite, and all the rest. They don't take medicine, their creed teaches them that they don't need it. And did it ever occur to you that the homœopathic doctor stands to lose more than his allopathic brother by reason of this same state of affairs? It's a fact, though. No matter what you say, faith is an element in homœopathic treatment. Doesn't it require much faith to believe that the average remedy prescribed by the old school man is medicine. Sight and taste and smell and sometimes touch tells the tale. But every homœopathic prescription should require faith to impress the patient with the presence of the remedy, for it should be colorless and tasteless and odorless and formless. Now, perhaps, that's putting it too strongly; but surely the average homœopathic prescription should be void of these attributes. We believe it to be a fact that the homœopathic school has lost more than the other schools of medicine by reason of the springing up of these fads and airy methods of treatment. May be that's why; but there we must treat our essayist with some respect.

The doctor speaks of a point of which we have often thought and perhaps written. Does the average patient employ his doctor because of his school of medicine or because of the personality of the doctor? "Both," you say. Perhaps but think a minute, you doctor who sometimes strays from the straight homœopathic path. When you give your tenth of calomel or your eighth of morphia or your, well, other things, your patient never says a remonstrating word, does he? No; he swallows the bolus because you have prescribed it, that's why. It's his confidence in you, not in the remedy, which makes him take it; after that faith has no place in the comedy or tragedy, as the case may be.

A very interesting point is embodied in the following:

"To a healthy mind a system that is mysterious and incomprehensible is one that has no attractions, but to a diseased or infirm mind the more unreasonable and the more incomprehensible a statement is the more attractive it becomes. It is interpreted as being so grand, so magnificent in its proportions; that it transcends their mental grasp. When skepticism is combined with ignorance charlatans find a rich mine of gullibility on which to work."

Not bad, that, only it makes out the mind of the faith curist, etc., to be diseased and weak and sick. Well, may be it is.

The main point made by the author is that the doctor's medicine is decried by these people as being poison, first, last and all the time it's poison; no matter the dose or how it is given, it's poison, and by continually harping on this idea the non-medicine-using-crank produces his effect on the susceptible mind of his victim. Good point, too. It looks true.

A large part of the paper is taken up with argument concerning the action of remedies in relation to their poisonous effects. He shows that in this respect the question of dose alone is to be considered.

"The fact is that no substance, however deadly it may be in an overdose, is in the slightest degree injurious if the dose is small enough. The poisonousness of every substance is a function of its dose, belongs to that dose and has no earthly existence outside that dose. If this were not true such a thing as living on this earth would be impossible. Throughout eons of ages living things have been incessantly subject, without a single moment's intermission, to the action of substances that in increased amounts would have killed them. Our food, our water, the very air we breathe is laden with substances that are deadly poisons, if taken in toxic amounts. Our own bodies are so constructed that substances necessary to life and health would kill with the utmost promptitude if suddenly introduced unchanged to another part of our body than that in which they are normally found. That which would be a poison to the organism if injected into the blood would act as a food if introduced into the stomach."

Then he takes up a consideration of the constituents of the human organism and shows that it contains many poisons normally.

"Every student of physiology is taught that potassium sulpho-cyanide is a normal constituent of human saliva and is even found in milk and urine. Much speculation has been pursued as to the meaning of the presence of this poison in these secretions. Pfluger and Foster, two of the most renowned physiologists in the world, think that the principal properties of living protoplasm are due to the presence therein of the highly poisonous radical of prussic acid, and that the presence of the sulpho-cyanides in saliva, milk and urine in varying and changeable proportions are but the overflow of the cyanogen radical common to all living proteid. If they are correct (and where will we find a higher authority?), then the very foundations of our being are laid amid the most deadly of poisons. In every human body there is always present almost as vast a collection of poisons as is found in the average poison case of a city drug store."

Looks as though the faith curist, etc., might be "hoist with his own petard" if he should try to prove that because a something is in some shape and quality and poison it should never be used. Wonder how he would get along without his protoplasm!

The gist of his argument is found in the following:

"If a poison is a poison in any dose and is only less poisonous in proportion to its reduction in dose then the practice of giving drugs is wholly wrong. On the other hand, if a poison is only poisonous within a certain limit of its power, beneficial by stimulation within another limit, and wholly inappreciable in its effects under still greater dilution, then there is profound wisdom in the giving of drugs to the ailing."

All this about copper is too interesting to pass by:

"Educated men in our own country object to the use of sulphate of copper for purifying typhoid polluted water because of their superstitious fear of the effects of this mildly toxic substance. They cannot get out of their minds the belief that a poison is a poison whatever the dose. Hundreds whose lives might be saved are sacrificed to this unfounded notion which everybody's experience is daily and hourly proving to be false. In spite of the proof to the contrary the superstition clings. Facts make no impression on minds wed to antiquated notions. In Allbutt's 'System of Medicine,' Prof. Allbutt, himself, tells us that, 'As an industrial disease poisoning is practically unknown in the copper works on Tyneside; nor does occupation in the copper works appreciably influence any disease that the individual may subsequently suffer from. Occasionally a metallic taste in the mouth and colic are complained of.' Again, he tells us of a European village where, 'for the last four hundred years has this industry been carried on there; sons succeeding their fathers, so that an ancestral integrity has been established. In spite of their long hours of toil in an unhealthy atmosphere, of green lines on their teeth, and green hair, the men, though not robust, are healthy, the average age at death being 60. Not only is the metal found in their secretions, but long after death their bones when raked up are green.' (Vol. III., p. 937.) How supremely ridiculous American toxiphobia would appear to be to those people so far as its application to copper is concerned. In a recent number of Science, Dr. Geo. T. Moore says: 'Strange as it may seem, there does not exist an authentic case of copper poisoning either in this country or abroad. At the congress at Brussels, where this subject was discussed for more than six months and which was attended by the strongest opponents of copper, there was not a single instance of copper poisoning which could be brought forward that would stand the scrutiny of the congress.' (April 21, 1905, p. 622.) Why then are so many people bitterly opposed to the use of minute amounts of copper in the public water supplies when it is an established fact that in almost infinitesimal amounts it can kill typhoid germs and save whole communities from the ravages of typhoid fever? There is but one explanation. The superstition that a substance that is at all poisonous is poisonous in a degree proportionate to its quantity, and that the repeated ill effects of a multitude of doses multiply themselves not only in the individual that takes them but in his progeny. It is the ingrained effect of this same superstition that is driving thousands into Christian science and other equally ridiculous fads. Any man who believes such an idea concerning poisonous substances and at the same time clings to rational therapeutics, is simply inconsistent with himself. The logic of his belief must sooner or later force him to become a Christian scientist, or other faith curist, unless there is intellectual stasis in that side of the mind. To be consistent he must give up all belief in treatment with drugs. Until he does so permanent belligerency must continue to exist between two parts of his own brain."

His concluding paragraph is open to argument. The proposition is entirely too broad and sweeping and really might be considered as destroying much of the force of his paper. He closes as follows:

"The quicker, therefore, that the medical profession throws off the unfounded fear that copper in drinking water, alum in baking powder, coloring matter in candy, salicylic acid in catsup, boric acid in cream, or minute amounts of preservatives of various kinds in food is going to do any person any harm, the sooner will the public stop thinking that medicines of every kind, being poisonous, must be injurious not only to themselves but to their unborn children."—Med. Times, Sept., '05.

Societies.

INTERNATIONAL HOMŒOPATHIC CONGRESS.

At the sixty-first annual meeting of the American Institute of Homœopathy held in Chicago, Illinois, June 26 to July 1, 1905, the Special Committee on the International Congress offered the following resolutions, which were adopted unanimously:

First. That the next meeting of the American Institute be held in connection with the International Congress within the first two weeks of September, after the third of the month, and that the Committee on the International Congress in connection with the Executive Commitee of the Institute be directed to make the necessary arrangements.

Second. That the American Institute of Homœopathy extends a cordial invitation to all organizations of homœopathic physicians as well as to individual homœopathic physicians to join in this Congress under the auspices of the American Institute.

It was later voted that the scientific sessions of the American Institute of Homœopathy be merged with those of the International Homœopathic Congress.

Briefly outlined the chief purposes of the Congress will be:

First. The presentation of reports on the present status of Homœopathy as represented in hospitals, dispensaries, educational and other institutions and societies; by the number of its avowed practitioners, by its periodical and permanent literature, and by its legal recognition in the different countries of the world.

Second. The presentation and discussion of essays and communications on medical subjects covering especially those departments of the medical sciences and medical practice with which a knowledge of drug pathogenesy and homœopathic therapeutics is especially identified.

Third. The presentation and discussion of such other subjects as may be related to the further development of a sound and reliable Materia Medica, the promulgation of the truths, and the general and special progress of Homœopathy.

Fourth. The presentation and discussion of essays on subjects of general and practical interest other than those intimately connected with Homœopathy, such essays to be presented to the appropriate bureau or affiliated sectional society.

The American Institute of Homœopathy in deference to the convenience and expressed preference of British and Continental colleagues voted to hold its next annual session and the meeting of the International Homœopathic Congress, within the first two weeks of September, from the third to the eighth, or the tenth to the fifteenth, inclusive. The place of meeting will be Atlantic City, New Jersey. Full data concerning the meeting will be announced in due season.

Persons eligible to membership will be all homœopathists in good standing in the countries in which they reside. No membership fee required.

To enable the Committee to do its work and ensure a memorably successful Congress it is requested that the titles of all essays and proposed communications be in the hands of the Committee not later than January 1, 1906, and that synopses of the scientific papers be handed to the same committee not later than June 1, 1906.

Papers read by their authors will have precedence in presentation to the Congress.

All homœopathic institutions, societies and organizations of whatever nature are urged to send delegates and authorized representatives to the Congress.

Reports from organizations and institutions will be duly and formally presented to the Congress if said organizations and institutions find it impossible to send delegates.

The Committee charged witht the duties of arranging for this International Homœopathic Congress cordially seek your assistance and earnest cooperation and heartily invite you to be present at the Congress.

If physicians who plan to attend the Congress will send their addresses, and those of the members of their families or friends who propose to accompany them, to the Secretary of the Committtee at the earliest possible date, the courtesy will be much appreciated and will greatly facilitate the making of arrangements of the Congress.

Committee,
J. H. McClelland, M. M., Chairman,
Pittsburg, Pa.;
J. B. Gregg Custis, M. D.,
Washington, D. C.;
H. F. Biggar, M. D.,
Cleveland, O.;
O. S. Runnells, M. D.,
Indianapolis, Ind.;
J. P. Sutherland, M. D., Secretary,
302 Beacon Street, Boston, Mass.

The Library.

BOOK REVIEWS.

The Secrets of the Specialists.

By A. Dale Covey, M. D. Second edition. Physicians' Supply Co., Detroit, Mich.

This book of 330 pages exposes as far as possible the secret methods used in the medical profession, and also gives many suggestions and methods of treatment, which would be of value in establishing and increasing an office practice either for a specialist or general practitioner. There is much of interest in the work, and compilation as well as the original matter makes it a valuable volume.

Superstition in Medicine.

By Hugo Magnus, M. D., translated by Dr. Julius L. Salinger. Funk & Wagnalls Company, N. Y.

This is a historical review of superstition in medicine, and deals with it in its relation to theology, religion, astrology, science and philosophy. It is an instructive and entertaining book.

Carbonic Acid in Medicine.

By Achilles Rose, M. D. 12mo, cloth, 268 pages. Price, $1.00, net.

This book gives the fullest facts about the healing qualities of carbonic acid gas, which were known centuries ago, but which passed into disuse and became forgotten. The history of this substance and its uses forms very instructive reading.

Drink Restriction.

Being a part of the work on the disorders of metabolism and nutrition, by Dr. Carl Von Noorden.

This might be called what it really is a treatise on the treatment of disease by thirst or the thirst cure. In it one will find the most recent ideas as to the withdrawal of drink from patients in various diseases.

Diseases of the Eye.

By Charles H. Hay, M. D., of New York. Fourth revised edition. Wm. Wood & Co., New York.

This manual of 390 pages is one of the best illustrated books on the subject, and the text is right to the point, making is exceedingly valuable to the student and practitioners. It contains 360 original illustrations, including 60 colored figures.

"The Psychic Treatment of Nervous Disorders."

By Dr. Paul DuBois, Professor of Neuropathology, University of Berne. Illustrated by Smith Ely Jelliffe, M. D., Ph. D., and William A. White, M. D. 8vo, cloth, 471 pages. Price, $3.00 net. Funk & Wagnalls, N. Y.

This is a translation of Prof. DuBois's Psychoneuroses, and represents the latest on this subject in the English language. It is written in simple and untechnical language, and to those who are interested in the psychic phenomena of disease and its treatment—and who is not?—it will prove a welcome volume.

The Elements of Homœopathic Theory, Materia Medica, Practice and Pharmacy.

Compiled and arranged from homœopathic textbooks, by Drs. F. A. Boericke and E. P. Anshutz. 196 pages. Cloth, $1.00. Postage, 5 cts. Philadelphia. Boericke & Tafel. 1905.

This is really a good little book to put into the hands of an enquiring patient or student. It discusses the generalities of Homœopathy in an entertaining and instructive manner. It tells of drugs, of symptoms, of diseases, of homœopathic books and medicines, and of the various methods of dispensing. There is a valuable second part, which like the postscript to a girl's letter is the best of all, which is devoted to therapeutics and Materia Medica, wherein may be found many good therapeutic hints. The book was written because there was a demand for just such a work; therefore, it will fill the demand.

A Text-Book of Diseases of Women.

By Barton Cooke Hirst, M. D., Professor of Obstetrics, University of Pennsylvania. Second edition, revised and enlarged. Octavo of 741 pages, with 701 original illustrations, many in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.00, net; sheep or half morocco, $6.00, net.

Dr. Hirst may well be congratulated upon the publication of such a work as this, a second edition of which has just appeared. Written on the same lines as his "Text-Book of Obstetrics," to which it may be called a companion volume, it gives every promise of attaining a similar success. The palliative treatment of diseases of women and such curative treatment as can be carried out by the general practitioner have been given special attention, enabling physicians to treat many of their patients without referring them to a specialist. Indeed, throughout the book great stress has been laid upon diagnosis and treatment, and the section devoted to a detailed description of modern gynecic operations is without doubt the most clear and concise we have yet read. In this second edition the revision has been thorough, introducing, however, only such matter that promises or has been demonstrated to be of permanent value. Forty-seven new illustrations have been added and thirty of the old ones replaced, the work now containing a collection of seven hundred and one beautiful original illustrations, many of them in colors. We take much pleasure in recommending Dr. Hirst's work to the medical profession generally.

A Text-Book of Clinical Diagnosis.

By Laboratory Methods. For the use of Students, Practitioners and Laboratory Workers. By L. Napoleon Boston, A. M., M. D., Associate in Medicine and Director of the Clinical Laboratories at the Medico-Chirurgical College, Philadelphia. Second edition, revised and enlarged. Octavo of 563 pages, with 330 illustrations, including 34 plates, many in colors. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $4.00, net; sheep or half morocco, $5.00, net.

It must, indeed, be a great gratification to an author when two editions of his work are required in one year. From such a reception it is evident that Dr. Boston's Clinical Diagnosis fills a demand. In this new second edition many new subjects have been added, including Biff's New Hemogelometer, Ficker's Reaction, an illustrated description of the Leishman-Donovan Bodies, Ravold's Test for Albumin, Cammidge's Test for Glycerin, and Cipollino's Test. The subjects of cystodiagnosis and inoscopy are given more extended consideration, the practical usefulness of these methods having been clearly demonstrated. Throughout the text it has evidently been Dr. Boston's aim to emphasize in progressive steps the various procedures of clinical technic, illustrating such steps whenever possible. An unusual amount of space is given to the consideration of animal parasites, malarial and other blood parasites skin diseases, transudates and exudates, and the secretions of the eyes and of the ears.

A Text-Book of the Practice of Medicine.

By James M. Anders, M. D., Ph. D., LL. D., Professor of Medicine and of Clinical Medicine at the Medico-Chirurgical College, Philadelphia. Seventh edition, revised and enlarged. Octavo of 1,297 pages, fully illustrated. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $5.50, net; sheep or half morocco, $6.50, net.

A sale of over 22,000 copies and the attainment of a seventh edition seems sufficient recommendation for any book; in fact, Anders's Practice does not now need any recommendation—it is too well known. As in the former editions, particular attention is bestowed upon inductive diagnosis, differential diagnosis and treatment. Regarding differential diagnosis, we notice with much satisfaction that the many diagnostic tables of stimulating diseases have been retained. The clinical value of these tabulated points of distinction is beyond cavil. Numerous new subjects have been introduced, among which are: Rocky Mountain Spotted Fever, Examination of Patients for Diagnosis of Diseases of the Stomach, Splanchnoptosis, Cammidge's Test for Glycerose in the Urine, and Myasthenia Gravis. Certain other individual affections have been entirely rewritten and important additions have been made to the diseases which prevail principally in tropical and subtropical regions. The seventh edition of Dr. Anders's Practice maintains the reputation of the work as the best practice before the profession to-day.

Abdominal Operations.

By B. G. A. Moynihan, M. S. (London), F. R. C. S., Senior Assistant Surgeon to Leeds General Infirmary, England. Octavo of 695 pages, with 250 original illustrations. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $7.00, net.

It has been truly said of Mr. Moynihan that in describing details of operations he is at his best. This, his latest work, therefore, will be widely welcomed by the medical profession generally, giving as it does in most clear and exact language the preliminary technic of preparation and sterilization, as well as the actual modus operandi of the various abdominal operations. Mr. Moynihan's reputation in this field is international and this work, stamped with the authority of a rare experience, is undoubtedly to become the recognized standard. Peritonitis and appendicitis, the latter of such present importance, have been accorded unusual space in a work of this kind; and the subject of chronic gastric ulcers is also excellently detailed. Throughout the entire work numerous cases have been quoted from both the author's own practice and those of other distinguished surgeons. The beautiful illustrations are all new and have been drawn especially for Mr. Moynihan's work under his personal supervision. The book is a valuable production and adds greatly to the reputation of its eminent author.

Atlas and Epitome of Diseases of the Skin.

By Professor Dr. Franz Mracek, of Vienna. Edited, with additions, by Henry W. Stelwagon, M. D., Professor of Dermatology, Jefferson Medical College, Philadelphia. Second edition, revised, enlarged and entirely reset. With 77 colored lithographic plates, 50 half-tone illustrations and 272 pages of text. Philadelphia and London: W. B. Saunders & Company, 1905. Cloth, $4.00, net.

It is with much pleasure that we review the second edition of Professor Mracek's admirable hand-atlas. That the work is a success and of practical usefulness needs no further proof than the demand for a second edition, not only in America but also in Germany. The author has added some twenty-six new plates, fifteen of them colored lithographs, and all of exceptional merit. The text he has thoroughly revised to include the most recent dermatologic advances, especially along the line of histopathology. As in the first edition, there is evidence of the conscientious editorial work of Dr. Stelwagon, many additions being interspersed throughout the text.

Diseases of the Kidney, Diseases of the Spleen, and Hemorrhagic Diseases.

By Drs. H. Senator and M. Litten, of Berlin. Edited, with additions, by James B. Herrick, M. D., Professor of Medicine in Rush Medical College, Chicago. Octavo of 816 pages, illustrated. Philadelphia and London: W. B. Saunders & Comapny, 1905. Cloth, $5.00, net; half morocco, $6.00, net.

With the appearance of this, the eleventh volume of Saunders's American edition of Nothnagel's Practice, the work nears completion, the final volume on the Heart being now in active preparation. Like the others, this volume can be taken as the acme of knowledge on the subjects embraced. Professor Senator's clear style, systematic arrangement of facts, and logical reasoning make his articles on the Kidney indispensable to the practitioner. The editor, Dr. Herrick, has enlarged on certain points whenever necessary, especially regarding treatment, diagnosis, urinary analysis, etc., so as to increase the value of the work to the general practitioner. He has also added articles on Cryoscopy and Phloridzin Glycosuria.

The sections on the Spleen and the Hæmorrhagic Diseases were written by Professor Litten, whose pioneer work in these fields is widely known. The articles on the Mosquito and its relation to Malaria, on Splenic Anæmia, on Congenital Icterus with Splenomegaly, and on the X-rays in the treatment of Leukæmia have been brought down to date by the editor. Indeed, the editor's interpolations add greatly to the practical value of the volume, and we are sure such an authoritative work on these subjects has never before been published.

The Treatment of Fractures; With Notes on a Few Common Dislocations.

By Charles L. Scudder, M. D., Surgeon to the Massachusetts General Hospital. Fifth edition, revised and enlarged. Octavo of 563 pages, with 739 original illustrations. Philadelphia and London: W. B. Saunders & Company, 1905. Polished buckram, $5.00, net; half morocco, $6.00, net.

Every year for the past five years it has been our pleasure and profit to review a new edition of this excellent work by Dr. Scudder. It is, indeed, a most remarkable book, and the author and publishers are to be congraulated upon its publication. In this, the fifth edition, Dr. Scudder has added some fifty new illustrations, many of them X-ray plates, illustrating the actual line of fracture. The text also has been very carefully revised, and new matter added throughout. Important changes have been made in the treatment of fractures of the neck of the femur, bringing this part of the book in accord with the latest advances. The 739 illustrations do what they should—they illustrate, showing the reader just what is intended. Undoubtedly this feature has aided greatly in the success of Dr. Scudder's work.

Government Control of This Illicit Liquor Traffic

Will be inaugurated on December 1st next, when a new ruling of the Commissioner of Internal Revenue will go into effect. This ruling is to the effect that on and after that date the manufacturers of these intoxicating preparations masquerading as medicines must take out licenses as rectifiers and liquor dealers, and that druggists handling them will have to pay the retail liquor license. The rule authorizes collectors of internal revenue to impose the special tax upon manufacurers of every compound composed of distilled spirits, even though drugs are declared to have been added thereto, "when their presence is not discoverable by chemic analysis or it is found that the quantity of drugs in the preparation is so small as to have no appreciable effect on the liquor. The same ruling applies to every alcoholic compound labeled as a remedy for diseases and containing, in addition to distilled spirits, only substances or ingredients, which, however large their quantity, are not of a character to impart any medicinal qualities to the compound." Congratulations are due to those medical journals, the prominent weekly lay journals, and to the sane and efficient workers of the Woman's Christian Temperance Union, who have assisted in bringing about this consummation. An internal revenue stamp upon these preparations would aid materially in classifying them in a manner calculated to prohibit their use by those who seek indulgence of a secret vice without incurring the opprobrium of their "moderate steady drinking." The preparations at which the measure is particularly aimed have had immense sales in prohibition communities, figures collected in Massachusetts recently showing that one compound, with a high percentage of whiskey, had been bought to the extent of 300,000 bottles in a year in prohibition communities of one New England State.—American Medicine.

A Clinic By E. H. Pratt, Chicago.

Preceding the closing of the American Institute, Dr. Pratt presented to the Association a clinic, that of a young man who had been severely burnt by a live wire, carrying 9,000 volts of electricity. The wire was down and was supposed to be dead. A friend of this patient's stooped to pick it up and throw it away, and instantly he was wrapped in flames and was fatally injured. This young man, our patient, took hold of the other man and tried to release him from the wire. In so doing he was frightfully burned. You see here the extent of the scars. There is now nothing left save this right arm, which is still raw in parts and bleeds profusely. I have brought this patient here to show you the extent of the burns, but also to show you that a burned surface can be healed, without skin grafting, by the use of gauze saturated with Bovinine. That is all the treatment practically that this young man has received. This accident happened on the 5th of April, and I did not see him until three days later. At that time he was delirious, with very high fever. I thought it was a hopeless case. I didn't have any hope of him when I first saw him. I took off all his dressings and put on gauze thoroughly soaked in Bovinine, prescribed internal remedies and morphine. I leave these dressings, saturate them freshly every day, give them all the Bovinine they will take up; don't leave these dressings on too long, because they may become foul, or the granulations may spring up and grow through the gauze."

The Causes and Treatment of Baldness.

Henry Waldo declares that there is still some difference of opinion as to the cause of thinning of the hair. Unna, Sabouraud, and others would lead us to look on all forms of baldness as parasitic in origin. The writer thinks that there is no doubt that alopecia areata is sometimes contracted from domestic animals, especially the dog and cat. Parker declares that alopecia is due to autointoxication with some substance derived from the lungs owing to decomposition or organic material normally present in respired air when this air is retained in the air vesicles. Preventive measures are the most satisfactory. The seborrhoeic scalp may appear quite healthy to the ordinary observer, and yet there may be very marked funnel-shaped depressions around the hair follicles which are filled with fat. Ordinary soap is an effective disinfectant. If it is superfatted it causes very little dryness of the hair. If seborrhoea is well marked, black soap is better, and if combined with spirits of wine and a little thymol it is an excellent remedy. The writer believes that the scalp of both men and women should be washed with soap and water at least once a week, and especially after each visit to the barber. It is well to induce an abundant blood supply to the scalp by moving it upon the skull in different directions with the towel every morning. The linings of the hat should be clean, and the hat should not interfere with the circulation or innervation of the scalp. When there is any tendency to seborrhoea it should be treated with a microbicide. Hair is nearly always ready to grow if the microbe and its immediate consequences are removed.—Bristol Medico-Chirurgical Journal.

Action of Copper Sulphate on Animal Life.

The water of Jamaica Pond in Boston was recently soaked with sulphate of copper in order to destroy an offensive growth of algæ. It destroyed the algæ and also most of the fish in the pond, which have died by thousands and been removed by cartloads for use as fertilizer.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... **Editor.**
J. RICHEY HORNER, A. M., M. D. **Current Medical Literature**

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OCTOBER 1, 1905.

Editorial.

SACRO-ILIAC TROUBLES.

Professor Taylor, of the New York Post-Graduate School, calls attention to a subject which is perhaps new to most of our readers and one that cannot fail to be of practical value. It is the fact that there is more motility in the sacro-iliac articulations than has been heretofore supposed, and as a consequence the greater prevalence of affections of these joints. He points out that many pains in the sacral regions have either been wrongly diagnosed or entirely unrecognized as far as their etiology is concerned.

It will be easily understood that the sacrum, forming, as it does, the keystone of the arch which supports the entire weight of the body, will be likely to receive injuries to its lateral articulating surfaces from any severe strain, shock or fall, especially on the feet or buttocks, and thus sprains, similar to those of other points, are produced.

Many back pains low down in the lumbo-sacral region are due to troubles of these articulations, and among them the doctor classifies such as post-operative backache, or that produced by lying too long on the back. There are backaches due to bizarre gynæcological positions in specially sensitive subjects that belong to this class. We find back pains, too, in bed-ridden patients, and especially those of a neurasthenic class.

It is quite probable that many sciatic pains, so-called, are nothing more than strains of this character, which may explain the reason why Rhus toxicodendron acts so positively in some cases and fails so dismally in others, though the symptoms may seem to be characteristic. It should be the remedy or the chief one in these conditions, and doubtless it is the one most often prescribed, which again accounts for the great success of Homœopaths in relieving miscellaneous backaches.

There is no one remedy for backache, however, the sciatica that Gnaphalium or Colocynth does not seem to touch may be a sacro-iliac affection and Causticum may be the simillimum, and it is our belief that in seeking this simillimum a closer totality will be obtained if we consider the parts affected and the tissue proclivities of the remedy. In other words, if we take into consideration the pathology of the case.

The symptoms indicated by Professor Taylor as evidencing sacro-iliac disease are pains low down in the back, often the so-called "crick." and the Goldthwaite symptom. which is elicited by flexing the hips with the knee straight, producing pain in the articulation. This is characteristic. There is tenderness to pressure over the joint and a strained feeling.

The only treatment given is surgical, and consists of strapping the joints, the adhesive strips passing from one anterior superior spinous process of the ilium to the other.

We believe Professor Taylor has called our attention to some important points in backache, and that they will help us to attain more success in treating our backaches. for we have something to add to the "strapping," something better.

"OUR FRIENDS ACROSS THE WATER."

Under the above caption our good brother Pope (or was it Dyce Brown) breaks out in his Homœopathic Review (London, England), and the cause of the eruption is the fact that one of the enterprising editors on this side of the Atlantic is attempting to get papers from English pens. Just think of the enormity of the offense, a crime committed not only by the aforementioned editor, but by the author-to-be. Queer isn't it, that such a narrow conception of life should exist even in England. Why it should be necessary to publish such a plea or warning or objection or whatever you may call it is beyond our ken. Wonder of the Review has "permission to print" everything it copies from our journals! And by the way, the Review is made up almost exclusively of scissored articles; scarcely five pages out of a total of sixty-four are original and scientific. However, we did not expect to take up that point. We merely wanted to say that it is just as proper for a paper by an English doctor to appear in an American journal as it is for the opposite condition to be true. Just why the Review should threaten we cannot imagine. Here is a quotation from this editorial:

"We would, therefore, caution those to whom America may make application to consider whether it is not their duty to adequately contribute to English journals before sending over their contributions to another country. Fraternity of feeling may go too far, and become a loss instead of a gain to the cause by subdividing too much our resources. We need hardly say that any such contributions sent to American journals would remain unknown on this side of the water, as few American journals are taken here, and the Review would not feel itself called upon to reprint them."

Too bad, isn't it? We are rather sorry that the Review has felt itself called upon to write this. Why should not the Review have taken our American Institute transactions and written to its members for papers. Surely if American papers are good enough second-hand for the readers of the Review they would come in handy as original articles, and the scissors would not be so much in evidence.

No, no, brother editors. Don't do the dog-in-the-manger act. You can get plenty of contributions from your own men if you would cut out some of your fluent writing about "annual meetings of hospital boards," etc. And yet the Review is one of the good things which come to our table. We even take our paper knife when we split open its shut up leaves—many men do it with their fingers or any old thing. It ought not to be necessary to use anything. Still the fact that we are willing to halt in our mad rush for fame and fortune, hunt up our paper knife and find the proper place to cut, is evidence enough that we appreciate the journal even if we have read most of its contents some moons ago. We hope the American editor has received the reward of his enterprise and has enough material on hand to warrant him in starting a "Department of Foreign Original Articles." Our British brethren write good, sound, scientific articles always. H.

TIMELY TOPICS IN MEDICAL JOURNALS.

Last month we printed a letter written us by one of our subscribers pleading for a consideration of the present needs of the general practitioner in the make-up of each month's issue. The writer scored rather heavily in his criticism of the "Propagation of Homœopathy" filling of the August number. He asked for timely topics, for articles on fall diseases in the numbers preceding the fall, for articles on winter diseases in the numbers preceding the winter. He closes with an appeal to the average doctor to write of his treatment of disease, his methods, his failures and his successes. This is the second letter of the kind we have read within a month. The other was sent to another medical journal by one of its subscribers.

In the make-up of a medical journal the editor considers his subscribers' wants and needs, at least he is presumed to do so. Granting that he does, he realizes that his subscribers wants to know just what can be told him as to the best way of treating and curing disease. He wants to know also just what is going on in his world of medicine. He needs also something which will put him, mentally, just a little in advance of the point where the preceding month's issue left him.

On the first want it is up to the subscriber himself to see that it is supplied. We mean this: If every subscriber would write for his medical journal an occasional paper giving his methods of treatment of disease the want would be fully supplied. The trouble is here, and our correspondtnt having written plainly to us gives us the right to reciprocate—too many men (and, by the same token, women, too) are content to sit on the fence and howl at the fellow working in the field to do his digging differently so as to get better results. Get down off the fence and help. No doctor has to wait until he is gray-haired before he learns something by experience the knowledge of which will help some other fellow. So we say to our correspondent and to all of our subscribers help make our journal helpful by telling what you know. We will be glad to print what you write.

It is not necessary to enlarge on the second want. Our bump of curiosity is developed normally to the extent of a continuous desire to know what's going on in the world. Hence the scissored part of every medical journal and the news notes.

About the matter of putting something that will make each fellow better than he was a month ago, that's progress. It's sure that if we do not progress we retrograde. No fellow can stand still. He must either go forward or go backward. Hence a certain part of a journal should aim to help the forward movement. Now when such an array of good things comes along as was presented by Copeland through his bureau of Homœopathy at the Institute meeting, it would be too bad to ignore it; in fact, it would be worse than that, it would be wrong. Hence the whole number in so far as original articles was concerned was given up to these papers. Normally, however, the Medical Century aims to fill the bill in respect to all three points noted, and hopes to maintain in that way her present high standard of excellence. H.

Editor's Table.

GENERAL NOTES.

Dr. P. W. Shedd removed his office on October 1st to 247 W. 44th street, N. Y.

There is the promise of a new homœopathic hospital in Indianapolis. It is said that $75,000 has already been promised.

Dr. J. P. Willard has relieved as dean of the Denver Homœopathic College, Dr. David A. Strickler succeeding to that important office. It is gratifying to know that the deanship will continue to be in such good hands. The first thing for a dean to do is to harmonize interests, and there seems to be work of this kind to do in Denver.

Drs. Frank Kraft and R. S. Copeland were in Denver about the time of the Epworth League meeting. The profession did not see much of them, as they doubtless spent most of their time in the amen corner of the League.

Dr. J. A. Stutz, of Fort Wayne, Indiana, has removed to Washington, D. C. So we are informed.

Dr. Geo. W. Bowen, of Fort Wayne, Indiana, has our sympathies in the loss of his wife, who died on September 7th.

Dr. W. B. Hinsdale announces his return from Europe and the resumption of his practice and duties as dean of the homœopathic department of the University of Michigan.

Dr. Emmet L. Smith, of 451 East 42d street, Chicago, has been giving special attention to asthma and hay fever for some time, and his case records number over 300 cases of asthma. Any worthy case referred by the profession will be treated free when accompanied by a letter.

Miss Sue Biggar, the accomplished daughter of Dr. H. F. Biggar, of Cleveland, was married on September 7th to Mr. Benjamin Horne Gilbert. They were married at the old country house of Horace Greeley in Chappaqua, New York.

Dr. Wallace B. House, son of Dr. R. B. House, of Springfield, Ohio, succeeds to the practice of the late Dr. E. D. Simpson. His office is 320 West 115th street, New York.

We have received a report from the Homœopathic Hospital for Children of Barcelona which shows that institution to be in a most flourishing condition.

The Texas Homœopathic Society will meet in Dallas on October 11th and 12th. Dr. J. F. Edgar, of El Paso, Texas, will probably preside, as the president is ill and away from home.

Dr. C. E. Walton's Pittsburg address in this issue is well worth perusal, especially the autobiography of the devil part.

The opening exercises of the Cleveland Homœopathic College were held on Wednesday evening, September 27th. The address was delivered by Prof. A. B. Schneider.

Dr. D. D. Bartholomew, of Holly, Michigan, died recently at the age of 56. Dr. Bartholomew was one of the prominent physicians of Michigan and a warm supporter of the homœopathic department of the university, and a vigorous protester against its dismemberment by removal to Detroit some years ago.

Dr. E. P. Cook, of Granville, Ohio, is president of the Southeastern Ohio Homœopathic Society; it will hold its next meeting in Newark on the last Thursday of January.

Dr. James C. Wood took in the celebrated clinic of the Mayos at Rochester, Minn., during the past summer. The surgery of Rochester is as famous as the furniture of Grand Rapids or the food of Battle Creek.

Dr. F. G. Oehme, of Roseburg, Oregon, died on July 23d. The doctor was of the era of Hering, Lilienthal and Raue. He translated Hale's New Remedies into German.

Dr. A. E. Ibershoff, formerly of Ann Arbor, Michigan, has opened an office in the Rose building in Cleveland. The doctor is to do eye and ear work exclusively.

Dr. Howard Crutcher, of Chicago, shows in the Medical Record of September 23d a new hæmorrhoidal clamp.

A banquet is to be given Drs. J. C. Saunders and D. H. Beckwith, of Cleveland, on Friday, October 6th. Both these gentlemen have passed their four score milestone, and both have been practicing for more than a half century. The presentation of testimonials has been arranged, and a notable gathering is expected.

Drs. C. E. Fisher, E. S. Bailey, C. J. Swan, J. P. Cobb, A. M. Duffield, Charles Gatchell, W. A. Dewey, C. E. Walton, Willis Young and many others have promised attendance and papers for the Southern Homœopathic Association meeting in Louisville on the 23d and 24th of this month. Tuberculosis is on the tapis. Come and inhale a few germs, they have such a good antidote therefor in Kentucky.

The annual report, the 39th, of the Homœopathic Medical and Surgical Hospital, of Pittsburg, Pa., shows that institution to be in a most flourishing condition. It is one of our institutions of which we are justly proud.

The New York State Homœopathic Medical Society met in Syracuse on September 26th and 27th. A good meeting was in prospective. All our State societies would do better work if a committee on publicity was appointed in each of them to promptly furnish the secular and medical press with their doings. No secretary has time for this important duty.

The periodical "What to Eat" publishes a list of the officers elect of the American Institute—not as a menu, however.

The Massachusetts State Sanatorium has established in the Hahnemann Hospital in Worcester an examining office where patients desiring admission may be examined. Dr. J. P. Rand is Secretary of the Worcester Hospital.

We have received a request for articles on colds, coughs and hoarseness from one of our subscribers. An article on that subject or a series of articles would be very acceptable to our readers.

The New Jersey Homœopathic Medical Society holds its semi-annual meeting at Atlantic City, October 4th and 5th. A good program is out.

Dr. J. T. Crebbin, Secretary of the Louisiana State Homœopathic Society, is recuperating in Asheville, N. C., after a severe attack of yellow fever. An indiscretion after the primary attack brought on a relapse with a temperature as low as 94°, shows his narrow escape.

Dr. R. D. Voorhies has removed from New Orleans to Lafayette, La., and is doing a fine business.

Dr. R. A. Bayley took a post-graduate course at Hahnemann, Philadelphia, graduating there with class of 1904; passed the State board examination, expecting to remain permanently in Pennsylvania, but the longing for the balmy breezes of the Sunny Southland could not be stilled, and he is now permanently located in New Orleans, with offices in the Macheca building.

Dr. C. R. Mayer. genial president of our State Society, was one of the "stay-at-homes" this year, but with all his geniality he is always ready to fight in the interest of Homœopathy, and ever ready to put his shoulder to the wheel to advance the cause of our school in the South.

Dr. J. W. Belden had his usual summer vacation at Biloxi, Miss., cut short this year by the advent of yellow fever. He is a good lover of the piscatorial art, and tarpon is his favorite. He has a very handsome trophy adorning the wall of his office.

Dr. Gayle Aiken spent a brief sojourn at northern resorts, and returned to take part in the battle with the bad effects of the bites of stegomyia.

Dr. E. Harper has charge of the practice of Dr. Belden during his absence, as usual.

The total cases of yellow fever reported to the M. H. S. to date are 2,725; total deaths, 355.

Dr. M. E. Kemp, of the Iowa State University homœopathic department, has located at Cherryvale, Kansas, where he reports prospects good.

The homœopathic department of the University of Michigan opened on September 26th. The new freshman class numbered on the day of our going to press over 30. The outlook is that the registration in this school will be greater than any year in the history of the deaprtment. The plans are being matured for a large amount of work in drug pathogenesy the coming session. Dr. Burrett, the new assistant, will devote most of his time to this work.

The opening address of the Homœopathic College of Medicine and Surgery of the University of Minnesota was delivered by Prof. R. S. Copeland, of Michigan University, on September 24th. President Northrup introduced the speaker, who took as a subject "The Reasonableness of Homœopathy." The speaker was complimented by President Northrup and others on the able and convincing manner in which he handled his subject.

It is said there are 60,000 tubercular patients in Kentucky alone, with no State provision for them, and but scant protective measures against the spread of this dread disease. As a conservator of the public health and safety, lend your presence and influence to the tuberculosis congress to be held by the Southern Homœopathic Association, October 23d and 24th, 1905, in Louisville, Ky.

The Homœopathic Medical Society of Pennsylvania held its 42d annual session at Altoona, Pa., on September 19th, 20th and 21st. We have received no full report of the meeting to the time of going to press.

Governor Warner, of Michigan, has appointed Dr. R. S. Copeland, of Ann Arbor, a member of the Board of Trustees of the State Sanatorium for the care and treatment of persons having tuberculosis, for the term of four years, beginning September 1, 1905.

The Rock River Institute of Homœopathy holds its 84th quarterly session on Thursday, October 5th, at Clinton, Iowa. The session is to be devoted to a continuance of the study of tuberculosis commenced last autumn. The program is a fine one, and we hope to continue the publication of the important papers.

The Chicago Homœopathic Hospital, which was formerly connected with the Chicago Homœopathic Medical College, is now conducted as a private hospital by members of the old faculty. It has recently been completely remodeled and newly equipped. In addition to wards, a maternity department, a laboratory and an electro-therapeutic room have been provided on the ground floor, the latter being supplied with the most modern electrical appliances used in medicine and surgery, including a complete radiograph outfit. The third flood has been subdivided into elegant private rooms. Additional bath rooms and an elevator have been provided for the further convenience and accommodation of patients. The hospital is now modern, up-to-date, and strictly first-class in every particular, thus insuring the best of care at a moderate expense.

The hospital is connected with Hering Medical College by a covered archway, so that patients can be taken to and from the college amphitheatre without inconvenience or exposure.

Correspondence.

New Orleans, La., August 29, 1905.

Editor Medical Century:

On account of the prevalence of yellow fever in this city, the Marine Hospital Service was incited to take charge of the situation at a meeting of the business men at the N. O. Cotton Exchange.

The State and City Boards of Health endorsed the invitation, that is, to take entire control of preventive measures and sanitation.

Dr. J. H. White, surgeon P. H. and M. H. S., who is a broad-minded and very diplomatic gentleman, and I think disposed to be perfectly fair to all, was detailed by the surgeon general to take charge, and with him came a corps of assistants. It soon developed that "considering the imperative necessity of instituting at the earliest possible moment prophylactic measures" that a board of consulting experts would be necessary to clear up the doubtful cases. Dr. White appointed a number of prominent, experienced physicians, and a list of their names was mailed to every physician in the city August 24th. It was noticed that not a single Homœopath was named in the list; whether purposely or otherwise, it matters not; our duty was to secure representation as well as recognition from the Marine Hospital Service After a conference of a few members of our school, it was decided to send a representative to interview Dr. White as to the appointment of at least two members of our school on the Board of Consulting Experts. Dr. White readily consented to make the appointments, and suggested that our Society meet and suggest the names of the representatives; consequently a meeting was called August 26th, at 8 o'clock P. M.

The President, Dr. C. R. Mayer, was in the chair and called the meeting to order, and stated the purpose of it. Dr. Harper was appointed Acting Secretary on account of the illness of Dr. Crebbin, with yellow fever.

The following preamble and resolutions were introduced by Dr. Harper:

Whereas, Dr. J. H. White, surgeon P. H. and M. H. S., has appointed a Board of Consulting Experts to serve gratuitously the profession in the present visitation of yellow fever, and we note the omission of any homœopathic physician on said Board; be it

Resolved, That we present the names of Dr. C. R. Mayer and Dr. J. W. Belden as representatives of the Homœopathic School of Medicine, with the request that Dr. White add said names to his Board of Consulting Experts.

A motion was made and seconded that the preamble and resolution be adopted, which was carried unanimously. A delegate was appointed to see Dr. White personally and hand him the communication from the Society, which is as follows:

New Orleans, August 27, 1905.

Dr. J. H. White,
Surgeon P. H. and M. H. S., City.

Dear Doctor: In accordance with your suggestion a called meeting of the Hahnemann Medical Association was held at No. 919 St. Charles St., August 26, 1905, and we respectfully suggest the appointment of Dr. C. R. Mayer, residence No. 919 St. Charles St., 'phone, Main, No. 3433; Dr. J. W. Belden, residence No. 1528 Josephine St., 'phone, Main, No. 1456, as members of the Board of Consulting Experts, representing the Homœopathic School of Medicine.

Yours respectfully,
Edward Harper, M. D.,
Acting Secretary.

The next day, August 28th, Dr. White announced through the medium of the daily papers that Dr. Mayer and Dr. Belden had been added to the Board of Consuting Experts.

Edward Harper, M. D.
No. 830 Canal St.

OBITUARY.

Dr. John M. Davies.

Died in Warren, Pa., on September 4th, aged 78 years. He was the oldest practicing physician in Northwest Pennsylvania. He was a surgeon in the army, and practiced fifty-one years, the last twenty-eight being devoted to Homœopathy. He leaves three children, two of whom, Dr. J. Norman Davies and George A Davies, are homœopathic physicians. He was president of the medical board of the Emergency Hospital in his town, and prominent in many circles.

NEW YORK STATE HOMOEOPATHIC SOCIETY.

The Homœopathic Medical Society of the State of New York held its thirty-ninth semi-annual meeting in Syracuse on September 26th and 27th, 1905 It was one of the most enjoyable meetings in the history of the Society. The sessions were held in the handsome new hall of the Woman's Union building, and the parlors thereof were devoted to the many and varied exhibits. About three hundred physicians and visitors were in attendance, and all expressed themselves as having had not only a delightful but a most profitable time. The scientific program was exceptionally good, and the various papers elicited an active and instructive discussion. The meeting was opened at ten o'clock on Tuesday morning by an invocation by the Rev. F. W. Betts.

The Hon. Allen C. Fobes, Mayor of Syracuse, made a felicitous address of welcome, which was responded to by De Witt G. Wilcox, M. D., of Buffalo, President of the Society. After these formalities the regular order of business was taken up. Forty-one new members were admitted to the Society.

The Special Committee on Public Education in Sexual Physiology, Hygiene, Ethics, etc., Geo. Parker Holden, M. D., Chairman, presented an interesting report, advising the Society to co-operate with a similar organization of the old school in the work along this common line of interest. The lady visitors were treated to an automobile ride about the city during the afternoon, followed by a reception at the home of Mrs. J. W. Sheldon, who was assisted by the wives of other Syracuse physicians. In the evening the Society was entertained by a select vaudeville program followed by a luncheon. The local committee, consisting of Drs. Sherwood, Candee, Church, Hoyt, Sheldon and Du Bois, earned the Society's gratitude and admiration by the very delightful plans they had made for its entertainment. President De Witt G. Wilcox presided throughout the meeting, and Treasurer Chas. T. Haines and Secretary H. Worthington Paige filled their respective positions.

The scientific program was as follows:

Bureau of Pædiatrics, John E. Wilson, Chairman. Helminthiasis in Children, John Rieger; The Peculiar Symptoms Which Occur in Nervous Diseases Where the Patients are Young Children, John E. Wilson.

Bureau of Gynæcology, A. R. Grant, Chairman. Experiences Derived From the Past Three Years' Work, J. M. Lee (discussion opened by George W. Roberts); Some of the Remote Effects of Stenosis of the Uterine Cervix, Homer I. Ostrom (discussion opened by George T. Mosely); Comparison of Several Cases of Extra-Uterine Gestation, George T. Mosely (discussion opened by W. L. Hartman).

Bureau of Materia Medica, P. W. Shedd, Chairman. Albuminuria of Pregnancy, W. B. Hinsdale, Ann Arbor (by invited co-operation); Ceanothus Americanus, Emily F. Swett; Kali Nitricum, Guy B. Stearns; Biochemistry—the Connecting Link Between Homœopathy and the Natural Sciences. Including the Present Stand of Allopathic Therapeutics, Eric Vondergoltz.

Bureau of Neurology, Clarence A. Potter, Chairman. Manic-Depressive Insanity, Amos J. Givens, Stamford, Conn. (by invited co-operation); Hypomania, John T. Greenleaf (by invitation); Insanity and the Trophoneuroses With a Report of Three Cases, Edward A. Everett (by invitation).

Bureau of Surgery, W. H. Dodge, Chairman. The Drainage of Wounds, C. R. Snow; Herniotomy in Adults, Newton M. Collins; Appendicitis and the Leucocyte Count, Joseph H. Fobes; The Relation of the General Practitioner to Orthopædic Surgery, Harlan P. Cole (by invitation); Tubercular Peritonitis and a Short Surgical Clinic, W. L. Hartman.

Bureau of Ophthalmology and Otology, George A. Shepard, Chairman. Recurrent Ocular Paralyses: the Nose a Possible Casual Factor, With Report of a Case, J. Ivimey Dowling; The Local Use of Carbolic Acid in Phlyctenular Conjunctivitis and Keratitis, Louis D. Hyde; Immature Cataracts, E. J. Bissell.

Bureau of Obstetrics, C. R. Summer, Chairman. The Toxæmia of Pregnancy, Frederick W. Hamlin (discussion opened by Edwin H. Wolcott); Dystocia, Clinical Excerpts, H. C. V. B. Peckham (discussion opened by George A. Bachman); The Sphere of Homœopathic Medication in Obstetrical Emergencies, A. H. Rogers (discussion opened by Wm. Perrin).

Bureau of Laryngology and Rhinology, Robert Mortimer Jones, Chairman. Goitre, James D. Miller (discussion opened by Robert Mortimer Jones); A Case of Webbed Uvula and Two Cases of Reflex Cough, H. W. Hoyt.

Bureau of Public Health, George E. Gorham, Chairman. Results of Sand Filtration in the Albany Water Supply, Geo. E. Gorham.

H. Worthington Paige, Secretary.

Chicago, October 3, 1905.

Editor Medical Century:

I have just returned from an outing in the wilds of New Brunswick. I went hoping to bag a bull moose, and succeeded in the endeavor, capturing a monster with shining antlers widely spread. New Brunswick is a fascinating part of the globe for the moose hunter. While one camps in the forests there he can feast on brook trout, partridges, caribou and moose meat. I left home for a communion with nature in the primeval forest, and, of course, had no thought of doing any surgery. After I had killed my moose the guide accompanied me to camp, about a mile away, for the purpose of satisfying our hunger after a long tramp on the trail. The meal cooked and eaten, the guide and packer went back to divest the moose of head, horns and scalp that I might send them to a taxidermist in Maine to be made life-like. I sat down by the camp fire, tired out by the chase, and at the end of an hour I heard the guide coming out of the alder bushes near me. I observed him holding his left wrist, and imagined he had sustained an injury of the forearm. His face was blanched and he was a badly frightened guide. In skinning the neck with my deer foot knife, that he took a great fancy to the instrument slipped and severed the left radial artery at the wrist, which artery above the incision he was compressing with his right thumb. My pocket case of instruments was at the main camp three miles away, and the only surgical instrument I had was a pin, which I took from a pin cushion in my pocket and sterilized it. I then passed it under the artery and left its head and point exposed. The packer gave me some thread secured by unwinding a small rope he had, and I formed, with the strands twisted, a figure eight by passing it over and under the pin. It was quick and successful surgery for the woods. When the end of the artery had had sufficient time to seal up I removed the pin, and there had not been, nor was any time thereafter, any complications to deal with. Any of my "brother chips" that have a taste for deer and caribou, as well as moose hunting, will find New Brunswick an ideal country to visit. Imhoff brothers had me in charge, and as they were born and reared in the section of country where I went, every lake, stream and tree in the forest seemed familiar to them. My packer was compelled to climb one day to avoid a moose, and the guides were guying him when I left the country.

Fraternally yours,
C. S. Eldridge, M. D.

A Mosquito War in San Antonio.

The health authorities of San Antonio, Texas, are waging an active campaign against mosquitos, and hope to have the city entirely free of the obnoxious insects before the San Antonio fair opens. The city is divided into thirty-three districts, each one under the direction of a health inspector, whose business it is to note the condition of every house and the surrounding grounds in his district and see that the householders comply with the law in regard to abolishing breeding places and destroying the mature mosquitos.—Medical Record.

Adulterated California Wines.

Examinations by the city chemist of San Francisco have on several occasions revealed adulteration of the wines of the State. Since many physicians depend upon the California wines as the purest that can be obtained, the necessity of submitting them to chemical examination should be understood. In a recent report, it is stated that analysis of 51 bottled and 164 bulk wines revealed the presence of coal tar dyes in 22 samples, salicylic acid in 14, and benzoic acid in 10. Two samples were said to be so high in volatile acids as to be unsalable as wines. Arsenic was found in 23 samples in quantities ranging from a mere trace to a "quite appreciable quantity," but its presence is admitted to have been entirely accidental. An investigation will be made into the manner in which the arsenic got into the wine, but the San Francisco health board, it is said, has no authority to condemn or destroy adulterated goods.—Med. Rec.

Tuberculosis Clinics in Cleveland.

Dr. Friedrich, health officer of Cleveland, O., has decided to establish a free clinic in that city for the treatment of tuberculosis on the fat-and-vegetable-juice plan. The scheme has met with considerable opposition from some of the local practitioners who do not regard the value of the system sufficiently established to warrant such a quasi official indorsement.—Record.

Mouth Affections in Typhoid Fever.

G. B. Hasin and A. Spare report a case of mouth affection in typhoid fever of an unusual degree of severity. The cavity of the mouth reacts more or less specifically to infectious diseases. In typhoid the mucous membrane is dry, the tongue and lips fissured. Sometimes there is some dirty coating and the formation of ulcers. These are generally of small size and superficial. The case described was in a boy eleven years old. The stomatitis was intense, and a mould of the entire buccal cavity was shed, leaving the oral mucous membrane as one large ulcer. The patient was quite unable to talk on account of the pain caused by movements of the mouth. He recovered. Aside from Peyer's patches, the buccal mucous membrane, is more liable to attack than any other part of the digestive canal. In this case the Eberth bacillus is believed to have settled primarily and chiefly in the buccal cavity.—Clinical Review.

Prolonged Lavage a Preventive of Ether-Vomiting After Operation.

George S. Brown assumes that it is the presence of ether in the system that causes the vomiting after operation by its direct effect on the vomiting center in the brain or its irritant effect on the stomach. He considers the appropriate treatment of the condition to be the washing of the ether out of the blood as rapidly as possible. Much of the ether is eliminated by the stomach, and if lavage is begun before the patient becomes conscious, and is continued for some time, the ether is rapidly eliminated and the vomiting is avoided. When the ether is all out of the blood, vomiting ceases; but this may require three or four days. The patient should be kept well under ether so that the tube can be introduced without causing retching. The lavage is continued until two and a half gallons of water have been introduced and removed. The last wash water will not smell of ether, the sleep will pass off in an hour or two, and at the end of twelve hours the breath will not smell of it. During the last three years this method has prevented ether vomiting absolutely in the author's cases.—Surgery, Gynæcology and Obstetrics.

Some Extra-Routine Views of Tuberculosis Pulmonalis.

R. M. Phelps says that by "early" diagnosis in cases of tuberculosis, he means as soon as the diagnosis is made, or in some cases as soon as it is strongly suspected, often before the bacilli are found. For this "early" class he assumes a curability of from 50 per cent. to 75 per cent. in a good climate, and with at least moderately good medical advice and friendly care. He believes that curability rapidly diminishes from that early time, and that an unduly hopeful view presented to the patient tends to prevent him from securing the greatest benefit. He believes that every person having tuberculosis should be told as soon as possible. Patients usually refuse to take radical steps early. He declares that prevalent fear of personal transmission does not always work for good. Patients are apt to conceal their trouble as long as possible. It is well known that these patients do not wish to mingle with others having the same disease. As to the question of personal transmission, the writer believes that while it cannot be proved that there is no danger of personal transmission in accompanying a patient, still it is very slight. Finally, he discusses the value of climate. He says that his ideal of treatment is "a best sanatorium in a best climate." He believes that the best climate for these patients is found in the desert area from El Paso to the mountain divide in California, and north to Colorado. He declares that the patient must be educated to the use of any air, damp or cool, for breathing, so long as the body surface is kept well protected. There is no danger in breathing night air. He points out the superior advantage of sleeping under the sky to that of sleeping on the porch.—The St. Paul Medical Journal.

The Therapeutics of Water Drinking and Some of Its Dangers.

Eliza H. Root believes that the advice "to drink water copiously" often works serious harm She believes that brain workers with too little muscular activity, or men who have excessive muscular activity without proper hygienic supervision, nearly always take a sufficient amount, if not an excessive quantity, of liquids in the form of tea, coffee, beer, milk, or water. The writer declares that the normal amount of water daily required is a mathematical calculation regulated by the sensation of thirst; a reduction of the body water by one per cent. produces thirst. Life can be sustained for a longer time when water is taken without food than when dry food is taken without water. It is said that six and a half pounds of water, holding in solution waste products, is excreted in twenty-four hours from the body weighing one hundred and sixty-five pounds; this will serve as an approximate guide to the necessary amount of water for daily ingestion. Many conditions must be considered before water drinking is prescribed, and its effects, so the writer believes, should be watched as carefully as those of any other therapeutic measure. If the amount of fluid is abnormally increased, it must be gotten rid of, oftentimes with deleterious effects on the system. The writer describes three cases in which excessive water drinking had become a habit in "nervous" women. She refers to the number of deaths that took place at a foreign water cure establishment for gout, and declares that excessive amounts of fluid can doubtless cause disease of the circulatory system and of the digestive tract, and in cases in which disease of either system exists the drinking of much water may be positively dangerous.—The Woman's Medical Journal.

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Psychology.

MANIC-DEPRESSIVE INSANITY.

BY A. J. GIVENS, M. D., STAMFORD, CONN.

Manic-depressive insanity is a form of mental disease that is due in the majority of instances to some unknown defect of constitution. It has two essential and associated attributes that in combination are not found in other morbid mental states. One is a tendency to complete recovery without impairment of the mind, and the second is a tendency toward a recurrence of the disease itself. Other important characteristics are depression and excitement. These may alternate, perhaps merge gradually into each other, or replace one another in a day, an hour, or a single moment. In certain mixed or irregular forms of the disease under consideration, these two opposite and apparently antagonistic conditions may show themselves in the same person at the same time, resulting in a more or less constant wavering between abnormal gloom and abnormal exhilaration. The individual attacks of manic-depressive insanity are separated by an interval of health, a period that may last eight, ten or twelve years, or possibly half a lifetime. Manic-depressive conditions are by no means rare, for they are said to exist in fifteen per cent. of all cases admitted to institutions. This is not surprising when it is remembered that many brains seem incapable of energizing except irregularly, swinging between elevation and depression. Of this order are a number of well known authors, artists and others of prominence. Only when the will is weakened sufficiently and physical resistance reduced beyond the power of ordinary rebound does the condition become pathological and require expert medical oversight.

In the manic-depressive group are now included several conditions earlier regarded as distinct entities, and at one time considered altogether unrelated, such as certain forms of recurrent melancholia, recurrent mania, alternating insanity, circular insanity, and various mixed or atypical states. Of the entire group, circular insanity is the complete and classic form, all the others being merely variations or incomplete patterns of this typical condition.

The modern view that the foregoing are varieties of a distinct and special morbid process is considered by many leading authorities as one of the most important recent advances in the study of diseases of the mind. The idea of manic-depressive insanity as now understood originated with Dr. Emil Kraepelin, professor of psychiatry in Munich. The chief practical advantage of this classification is that it changes the point of view and enlarges the horizon, making a definite prognosis possible. The outlook for recovery from each individual attack is always favorable, and mitigating its course and severity by appropriate treatment is more than possible when the true condition is recognized early.

Circular insanity, though not so common as the irregular forms of manic-depressive disease, occurs in a fifth to a fourth of all cases that come under observation. It consists of an excited stage or maniacal phase of longer or shorter duration, and of a period of depression or melancholia that directly follows it, and is not fixed as to any particular time limit, though longer than the excited phase. Following comes an interval of health that may last days, weeks, months, or years, to be in turn succeeded by alternating depression and excitement. The degree of intensity of one period bears no invariable relation to that of the other; nor does the interval of health correspond to any established rule concerning the duration or severity of the attacks themselves. It is thought, however, that when these attacks are severe, there is a better chance of a more complete period of health and usefulness, and that when the two phases are mild they are apt to last a longer time. The entire cycle of manic-depressive disease may last a few days or a few months. Its average duration is a few months. If it is protracted, the phase of melancholia is always longer than that of mania. For instance, if the attack lasts a year the depressed stage will probably be of about eight months' duration. A yearly periodicity has been observed in certain instances, with the depressed state in autumn and winter and the maniacal state in spring and summer. Excitement or depression may appear every other day in some cases, every week or month in others, and suddenly at long intervals in others, without contributing influences as yet possible to recognize.

There is a general impression that manic-depressive disease occurs more frequently in women than in men. This may be true of typical cases, yet there is reason to believe that the milder cases in whom so-called neurasthenic symptoms prevail and who seldom receive early institutional treatment are far more frequent among men. Thus slight and irregular forms of the disease may exist in persons who go about their duties without much recognition from others of their mental defects. They are, perhaps, regarded as eccentric; subject to moods, and called queer by their friends. Their general self-control, good reasoning power, and an intellect that is often keen, prevent them from being classed with those of unsound mind by the ordinary observer. When the abnormal condition is sufficiently developed to break down self-control, and the patient is no longer master of himself, the true condition is easily recognized by the experienced clinician as being one of definite manic--depressive disease, with special prominence of the depressive phase. A slight degree of emotional melancholia or passive depression may always appear in some persons after grief, shock, misfortune, infectious disease or any period of stress and strain. If this is a true degenerative melancholia, the condition is doubtless one of masked circular insanity or a real manic-depressive disease.

Regis gives a remarkably clear picture of circular insanity. He says: "Whatever may be the way in which the periods succeed each other, the characteristic mark of circular insanity is the striking contrast the patients present when observed in one period or the other. In their condition of maniacal excitement they are youthful appearing, full in flesh, lively, vigorous, alert, the face is animated, complexion bright, they are loquacious, talkative, turbulent and constantly in action. They are prodigal, spendthrifts, vain, false, litigious, passionate, violent, inclined strongly to evil, and very often excessive in alcohol and other indulgences. If they have delusions they are those of pride, haughtiness, ambitions and grandeur."

"In their stage of melancholic depression they are so different from the foregoing description that one would hardly take them for the same individuals. During this period they are old looking, emaciated, broken-down, wrinkled, without force or energy; their countenance is downcast, dull; their complexion pale; they do not speak or move, but pass their time lying down or altogether inactive. They are avaricious, economical to excess, they do not care to eat or drink, they show themselves humble, submissive, without volition, obedient and passive. If they have delusive ideas, they are those of ruin and culpability that haunt them and very often induce refusal of food and suicide. Even the organic functions do not fail to suffer in these two different conditions, and the pulse, which is active to its full physiological limits in the period of mania, falls to 40 or 50 pulsations during that of melancholia. The same is true in regard to the temperature, the peripheral circulation, the appetite, the secretions and excretions, which exhibit very remarkable differences in the two periods; it has been found also that the bodily weight increases during the period of mania, to fall again in that of depression."

Fundamental Symptoms.

Of very great value in the study of this disease is a review of its fundamental symptoms. These De Fursac describes in a most concise and convincing manner. He divides them into two groups or classes. The first comprises the different phenomena that are caused by a general restriction or sluggishness of mind that is best described as psychic paralysis. The symptoms due to psychic paralysis are four in number. They are always present, occurring in the period of depression as well as in the maniacal phase, in typical states and in all the mixed and irregular forms of the disease process. The first symptom due to psychic paralysis is a weakening in the power of attention. The second is a sluggishness of the association of ideas. The third is a lack of proper perception. And the fourth is pathological indifference. These four manifestations of restricted mental action naturally result in a lessened capacity for all intelletcual work and for the proper management of affairs.

Unlike the foregoing, the second group of fundamental symptoms are not the outcome of any paralysis of the mental faculties themselves (inhibition), though often its accompaniment. They are the direct result of an unnatural prominence of the mechanical and unconscious activities of the mind, and are due to the increased action of the various mental processes that are not dependent upon the will. They may be said to be incidental to the disease itself, not all of them being present at the same time, and some of them never present. The leading symptoms of the second group that are the result of an abnormal activity or "exaltation of the mental automatism" consist in an unnaturally rapid succession of ideas, a definite and marked irritability, various impulsive acts, in illusions, hallucinations and delusions, and sometimes imperative ideas associated with a state of anxiety. Irritability is always a prominent symptom in manic-depressive diseases, giving rise to outbursts of anger from very slight causes Even more characteristic and significant are the rapid changes in the emotional attitude, for in the midst of a joyous mood the patient may burst into tears, and complain of ill-treatment, loss, or bereavement. On the other hand, when apparently most dejected, he may laugh aloud, and suddenly appear mirthful and jolly. These varying moods may come and go with the greatest rapidity and in the most unexpected manner, and being without reason or meaning they are quickly forgotten by the patient. "Psychic inhibition and exalted mental automatism" expresses in brief the mechanism by which is produced the entity known as manic-depressive disease. The apparently antagonistic symptoms are the erratic manifestations of a nervous system that is not always capable of complete balance, but which still has sufficient vitality to run the whole gamut of morbid emotion, and at the same time to tend toward cure, and, finally, attain complete equilibrium.

The Diagnosis.

The diagnosis rests upon a rigid process of exclusion, and the careful weighing of a few simple facts in the manifestations of the disease that serve to distinguish it from other mental processes with which it may readily be confounded in the beginning of a first seizure. It must always be remembered that the occurrence of more than one attack of insanity which has been recovered from is not in itself an evidence of manic-depressive disease. Such conditions also prevail in dementia præcox, in true melancholia, and in states of delirium occurring in old age Kraepelin himself distinctly opposes the idea held by some alienists that periodicity is the most important element in these abnormal conditions, and excludes from the manic-depressive group all recurrent forms of psychic disturbances except those of which circular insanity is the prototype. Periodical depression is the name which he gives provisionally to a condition in many ways akin to hysteria, to the insanity of irrepressible ideas, and also to neuroses from shock. The conditions with which manic-depressive disease may readily be confounded are pure mania or pure melancholia, incipient paresis, nervous exhaustion, hysterical excitement or hysterical stupor, the dreamy state that follows epilepsy, dementia præcox, the periodic depression that resembles hysteria, and the mania or melancholia that follows infections. For differential diagnosis it is usually sufficient to bear in mind the extreme irrritabilty of the manic-depressive subject, the sudden changes in the emotional attitude, the rapid reactions, the absence of any marked bodily symptoms or profound alteration of the reflexes, in the condition of fairly undisturbed consciousness and a correct idea of surroundings, together with the general indifference of the patient, and the lack of any very marked delusions or hallucinations.

Attacks are most frequent between the ages of eighteen and thirty; next in order of frequency from forty to fifty, though they may occur very early in life. Instances are on record of their development in children before the tenth year, and in persons over fifty. Less than ten per cent. of all who suffer from this disease have their first attack after forty. Between forty and fifty and before the age of twenty, women predominate among the cases that come under medical observation. Usually the first attack is indicative of the character of those that may appear later. If it is maniacal, the majority of those following it are of the same nature; if melancholia is the form of the first illness the succeeding attacks, as a rule, manifest themselves in a similar way. Sooner or later one develops directly opposite in its nature to those of earlier years, and makes evident the true type of the abnormal state. The attacks in the atypical forms of manic-depressive disease follow each other without much order as to time and duration "Middle life seems to have no special influence in regulating the attacks, but it certainly favors their recurrence in persons earlier afflicted by manic-depressive disease. This is also true of the later epoch of senility. It is by no means uncommon after sixty to find rather frequent depressive attacks coming on among persons whose states of mental illness during youth were of the maniacal form." The causes given by the patients and their friends for this disease are not always adequate to explain its presence. They are often the usual ones to which are attributed abnormal mental states, as overwork, shock, grief, misfortune, together with physiological conditions such as childbirth and the menopause, and over-indulgence in alcohol. In point of fact, many cases suddenly develop after the use of alcohol in excess or even sparingly. And in women childbirth and the influence of the climacteric period are important factors in the production of manic-depressive disease. A defective heredity is present in eighty per cent. of all cases, according to Kraepelin, proving that this is in the main the actual underlying and predisposing cause, whatever the exciting factor may happen to be.

The excited phase of manic-depressive disease occurs as simple mania, as confused mania, or as delusional mania. Whatever the form in which it may appear, the stage of exhilaration is best defined in simple mania and always presents the chief characteristic features of an emotional excitement. The general attitude is a happy one The patients know where they are, what is going on around them, and recognize their friends and companions. Except in violent outbursts of excitement and during delirium, consciousness is practically normal. A tendency to various whims is sometimes observed, to theatrical or fantastic conduct, to frequent rhyming and other little eccentricities. None of these peculiarities are permanent. Like delusions, when they exist in the exalted period of the disease, they appear to be the various expressions of a desire to try experiments, in speech and conduct, rather than the outcome of any fixed state of mind or firm conviction. Illusions are frequent, owing to the false perceptions of an excited brain. Hallucinations occur less often, and are usually fleeting. Any delusions that may appear are most often of an expansive nature, as those of personal importance and power, and fit in with the exaggerated sense of well-being.

The melancholia of the depressed phase tends toward slowness and stupor, toward inertia and silence rather than in the direction of the intense psychic pain and despair of true melancholia. It may manifest itself as simple depression, delusional depression, or as stuporous depression. There is inability to exercise the will, a marked sluggishness of mind and body, and a general alteration of personality that the patients themselves are quick to recognize, though attributing it to material misfortune of some kind rather than to definite illness. During the depressed phase, they live in a state of indecision and general uncertainty, longing to do right, yet doubting their own ability to choose what is best. Sometimes speech may be held in aversion and the most persistent questions remain unanswered If any reply is given it is in a low tone of voice and with much confusion of manner. All mental processes are retarded, though consciousness is usually unimpaired. At times familiar objects appear strange, or even unrecognizable, a condition bordering on delirium. Even in stuporous conditions, consciousness and memory are detained and events that take place are later described with surprising accuracy. During stupor it is not uncommon in this disease for the patient to imagine astonishing events are happening, and that it is the hero of surprising adventures. These fancies may continue for days or months, recalled vividly with returning health and then known to be untrue. As a rule, the manic-depressive patient is not as desirous of sympathy as is the true melancholiac, and, therefore, does not tell his tale of woe over and over again to excite compassion. He is much more restrained and reserved about his own misdeeds and those of others which he thinks afflict him. His sadness grows out of a sort of mental bondage or imprisonment which prevents customary acts, thoughts and conduct. The condition is passive, not active. The attitude of mind is distinctly different from that of some one who imagines he has committed the unpardonable sin, whose children burn in perpetual fire, or whose wife is eternally lost through her own evil behavior. Another point of difference is that there is no tendency for this state of restricted mental action to pass directly into dementia as is sometimes the case in true melancholia. As to its onset, delusional depression when it exists may follow the stage of simple depression, and stuporous depression is usually preceded by simple or else by delusional depression.

Those who have once suffered from an attack of manic-depressive insanity must henceforth lead a regular, quiet life, that is as far as possible removed from all irritating influences, from any undue excitement and from every form of over-strain and excessive fatigue. A certain number of persons make complete recoveries that are apparently permanent, though this seldom happens when their cases are neglected. Never is this immunity from attacks of manic-depressive disease secured if alcohol is used freely in any form. One of the greatest dangers of a too early discharge from the experienced care and treatment that an institution alone can give, lies in the tendency to alcoholic indulgence too often found in persons of an unstable nervous organization. Those who suffer from attacks of manic-depressive insanity are peculiarly susceptible at all times to the injurious effects of alcohol. Especially is its evil influence to be dreaded during the period of convalescence, when there is an unusual craving for a false stimulant to give an immediate and fictitious sense of well-being. It is easy for the patient to over-estimate in every way his newly acquired strength and tax it imprudently, perhaps to the lasting regret of his family. Undue fatigue when convalescence is still incomplete has resulted in deep depression leading to self-destruction. Manic-depressive disease is a constitutional condition, affecting all the tissues of the body and each minute cell in a way as yet undetermined. The process of reconstruction must be complete before the epoch of danger is passed. Fortunately the periodic insanities are more amenable to treatment than any other form of hereditary disease. There is less disturbance of the lower functions of the nervous system than in the majority of mental disorders and slighter degrees of bodily infirmity. As it is not always given to even the most devoted friends to recognize and know the true significance of the premonitions of mental disease, it naturally follows that some phase of manic-depressive insanity is pretty well established before any physician sees the case. Then special care is required that can hardly ever be secured outside of a well ordered institution.

Treatment.

The treatment of manic-depressive insanity is both symptomatic and general. A proper environment, prompt treatment and a few well selected remedies may serve materially to shorten an attack or else ward it off altogether. Rest, quiet and sleep are chiefly instrumental in bringing about this happy result. It is estimated that two-thirds of all the cases requiring treatment have either homicidal, suicidal or other morbid impulses. It is very important to carefully individualize each case and observe the character of each attack. If the maniacal form is the one that is present, then the efficiency of the well known remedies for mania is recognized. Among these are Belladonna, Stramonium, Hyoscyamus, Veratrum album, Lachesis, Picric acid and Rhus toxicodendron. Prolonged baths as used in the treatment of mania may be of service in quieting excitement and inducing sleep. If the depressive type is observed, then the remedies so efficiently administered in melancholia may be utilized, such as Ignatia, Sepia, Pulsatilla, Mercurius, Arsenicum, Aurum, Calcarea carbonica, Lilium tigrinum, Sulphur and Silicea are needed. Reconstructive agents such as the glycero-phosphates of lime and soda, the various preparations of cod liver oil, and the modern compounds of iron are often of great value.

In manic-depressive disease, as in other states of exhaustion, it must be remembered that the chief factors are rest, exercise, food, and fresh air, aided all the time by every measure that will help remove unpleasant symptoms and bring about a more rational and normal condition of body and mind. A change of environment with its temporary separation from home and friends, frequent feeding and plenty of hot milk, the regular application of electricity and passive exercise in the form of massage and vibratory stimulation are all most helpful. The quality and quantity of the nourishment given, the variety and preparation of the different dishes, are included under the head of hygienic treatment, and should receive the careful supervision of an experienced physician.

Gynaecology.

DEGENERATION OF TUBES AND OVARIES; SUBPERITONEAL FIBROID OF UTERUS - COELIOTOMY, EXCISION, RECOVERY.

BY WILLIAM DAVIS FOSTER, M. D., KANSAS CITY,, MO.

Letter from Dr. C. A. Yearout.

Dunlap, Kansas June 16, 1905.

Wm. Davis Foster, M. D., Kansas City, Mo.

Dear Doctor: Find inclosed history of Mrs. J.'s case. In May, 1905, I was requested by Mrs. H., of Council Grove, to hold myself ready to come at any time to assist in the confinement of her daughter, who, she said was expecting to be sick in the near future. Later, I received a specimen of membrane said to have passed from the uterus of Mrs. J., and I am in doubt as to what it is, so I send it to you for examination. The specimen was furnished by Dr. E., of Council Grove, who said it was hydatid cysts. On June 16, 1905, this lady in company with her husband visited my office in Dunlap for examination and advice. I found tempera-

periods after marriage. Commenced to show symptoms of this trouble about June 1, 1904. First had difficulty in wearing ordinary clothing about the first of September, 1904.

First called a local physician on September 26, 1904. Diagnosis was either pregnancy or fibrous tumor; thought if it was pregnancy, it must be about four months.

Has passed, at menstrual periods, perhaps a dozen little tumors since January 1, 1905; these contained a cavity which had apparently been filled with fluids.

Father's parents died, the father at the age of 67 of typhoid fever, and the mother at 61 of malarial fever.

Mother's parents died, the father at the age of 78 of cancer, and the mother at 42 of consumption, brought on by incessant child bearing.

No cancer or consumption has developed in children or grandchildren except one grandson, whose mother was of a very consumptive family. He was the child of the eldest son, who is a hearty man of

made July 10th, the day prior to the operation, disclosed reaction acid, specific gravity 10 27, urea 2.6, no albumen, no sugar; a few pus cells and a few crystals of urea with some precipitate of urates.

Operation.

The operation was set for the 30th inst., but on account of menstruation setting in during the previous night, rendered necessary a postponement. The patient was put on a generous diet consisting of abundance of fruit and vegetables with moderate allowance of meat. The bowels were kept open by the use of soapsuds enemas. The bowels having been thoroughly cleansed by the soapsuds enema, castor oil, and the patient given a hot sterile douche. July 11th, at 10 o'clock, being under an anæsthetic, with the assistance of Drs. Yearout and Nickell and the hospital nurses I opened the abdomen, broke up some strong adhesions, and brought the uterus, ovaries and tubes into view. The tubes and ovaries, being all found diseased, were tied off and removed. An incision into the fibroid showed it to be encapsulated. This was enucleated and the serous covering brought together with fine catgut, the abdominal cavity carefully cleansed with hot saline solution and the wound closed in the usual way. The patient was put to bed and rallied nicely, as shown by the bedside notes. At 6:30 in the evening quite a flow of blood from the vagina occurred. This flow continued in diminishing quantity for about one week. On July 21st, the tenth day after the operation, the stitches were removed and the wound found to be fully and smoothly healed. Again, on July 27th, a little drainage from the vagina is reported. The patient had bed rest on July 27th sat up in a chair on the 28th, and went home August 5th, twenty-five days after the operation. It will be noted that the highest temperature, 100.4°, occurred on July 14th, the third day after the operation. Letters received from the patient since her return home report rapid convalescence.

SOME OF THE REMOTE EFFECTS OF STENOSIS OF THE UTERINE CERVIX.*

BY HOMER I. OSTROM, M. D., NEW YORK.

The lower segment of the uterus has this in common with the openings of other hollow viscera, its patency must be maintained to insure the functional integrity of the organ with which it communicates; but it stands alone among anatomical conduits in this respect, that with a perfectly normal uterus the patency is only periodically necessary.

This becomes apparent when we consider the functions of the uterus, for any secretion from the endometrium between the menstrual periods that is more than sufficient to lubricate transcends the requirements of health, and the cervix uteri is practically closed—with its own secretion—save when it opens to give exit to the menstrual flow, entrance to the elements of fecundation and exit to the fecundated ovum. Therefore, the physiological activity of the cervical canal will be found to center around these functions, and necessarily the pathology of alterations in its calibre will relate to their imperfect performance, with the addition of defective drainage when the glands of the endometrium are over-active, the same conditions then obtaining that attend obstruction to any other discharge from the uterus.

Obstructive dysmenorrhœa, whether due to bending of the cervical canal—a very infrequent cause—or to an actual narrowing of its lumen from structural alterations—true stenosis—is so manifest; the cause and effect are so closely related that we have only to know one to be able to recognize the other. In this place I desire to call attention to the lesser degrees of stenosis, to those that do not at any time cause complete obstruction to uterine ingress and egress, but which nonetheless give rise to a train of obscure, very definite reflex symptoms that are intractable to treatment unless the cause is removed. These symptoms are due to an abnormal innervation of the lower segment of the uterus, and must be looked upon as belonging to the class of neuroses that has to do with irritation of terminal nerve trunks. Similar conditions are observed at other orifices of the body; local disorders of the urinary meatus the vagina and the anus giving rise to remote manifestations of deranged local functions.

Though the uterine cervix has thus far been found to be poorly supplied with nerves compared with other orifices of the body, the external os may be regarded as the external orifice of the peritoneal cavity, and is not sensitive to some mechanical stimuli; it responds to an irregular functional irritation, that is to say, if its function, which is limited, cannot be performed because of structural changes in its canal, the same effect is produced on its terminal filaments, as at other orifices would be caused by pathological conditions that involve tissue lesions.

The innervation of the lower segment of the uterus is accomplished through the hypogastric plexus of the sympathetic which also supplies the fundus of the uterus, and the other reproductive organs. On the cervix numerous ganglia are found—ganglion cervicali uteri—but the nerve endings are comparatively few. Nerve filaments, however, accompany the blood vessels, and these are believed to be transmitters of pain. Through the hypogastric plexus the cervix establishes relations with the sympathetic, solar plexus, "abdominal brain," as well as with the cerebro-spinal system of nerves, hence impressions may be manifest at remote points. Just why a nerve insult received at the uterine cervix is felt at the base of the brain, or elsewhere, is difficult to explain. I believe we have here a mixed pain phenomenon two points of abnormal activity, both dependent upon some general cause that may not be recognized. The pain at the base of the brain, or at the sacrum in diseases of the cervix, could not exist if these were not points of least resistance, the nerve wave there expending itself; the constancy of this relation is favorable to the hypothesis that there is a common cause; that the cervical stenosis is in some measure due to the same disturbance of equilibrium that weakens the resisting power at the base of the brain, or, that effecting the nervous system generally, results so frequently in neurasthenia.

The lower segment of the uterus contains both circular and longitudinal muscular fibres, an arrangement indicative of the physiological action of its canal, narrowing and shortening. In common with other muscular structures those of the cervix are subject to inflammation, which may result in destruction of their contractile and distensible propties, or in on intra-febrile deposit and increase of cellular tissue. Both processes develop in the muscles of the cervix, and are always the result of inflammation when not congenital. Thus we have a narrowing of the canal from deposit between the fibrils, or an inability to dilate under stimulation because of an actual destruction of muscular tissue. In one case the canal is found hard and almost closed, in the other it is patent but incapable of dilatation—its elasticity is destroyed. It is this pathology, one not commonly differentiated, that I wish to bring to your notice, and to point out the intimate relation it bears to many without this etiology, obscure gynecic phenomena and to neurasthenia.

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*Presented before the Homœopathic Medical Society of the State of New York, September 26, 1905.

Of the three functions that depend for their healthy performance upon the action of the lower segment of the uterus, indirectly, maintaining the lumen of the cervical canal, menstruation, impregnation and parturition, menstruation claims the first consideration. Not, I urge obstructive dysmenorrhœa, though the most obvious symptom of stenosis, and the one against which treatment is usually directed, but the important phenomena that are developed between the menstrual periods, and that have their seat in irritation of the nerves of a rigid uterine canal. How is this operative? The severe pain—uterine colic—is felt during the attempt of the uterus to empty itself, and the exhausting effects of this continue for a varying time thereafter, but the condition of which I speak belongs especially to the folding up of the uterus, to the period during which its mucosa and its muscular structures return to their resting state. In this process, which affects the lower as well as the superior segment of the uterus, the nerves of the cervix, including those that accompany the blood vessels, suffer a constant irritation from imperfectly performed function. The cervix can neither contract nor dilate, and in consequence, while the uterus is contracting, emptying its sinuses, and preparing itself for another decidual formation, the cervix cannot participate in the process, and consequently nerve insults are frequently offered.

The habit of the uterus as of all organs supplied with the sympathetic system, is rhythmical contraction, this action having been demonstrated in all its parts, and I am confident that in some cases of cervical stenosis, especially when the narrowing is more pronounced at the internal os, there is an intra-menstrual contraction of the circular and longitudinal fibres of the cervix, in harmony with the upfolding efforts of the uterus, and that this acts as a local irritant to the nerve filaments, the muscles not being able to respond to their normal excitation. If congestion is a feature of the dysmenorrhœa, and this is frequent when the case has passed into a chronic stage, or if there is an endometritis or endocervicitis some degree of which always accompanies cervical stenosis, the vaso-motor nerves also become transmitters of morbid impressions. If the stenosis is due to structural changes, and consequently new pathological formations, the involvement of nerve filaments in unyielding tissues serves to call into unseasonable activity the contractile function of the damaged cervical muscles, and this impulse is in turn expended at the point of least resistance, reflex manifestation.

Clinically there is little difficulty in recognizing these cases. Obstructive dysmenorrhœa exists. Following the menstrual period, and during the folding up of the uterus, there are various nervous phenomena that do not cease until that process is completed, and begin again with the preparation of the uterus for its next molimen. Excessive nervousness, irritability, easily induced exhaustion, rhythmical pains at the base of the brain, often extending to the sacrum indicate irritation caused by an inability of the nerves of the uterine cervix to functionate. The uterus itself is not at fault, but the lower segment has work thrown upon it that it cannot perform, and in consequence there is disturbance of nerve equilibrium, which, if continued, results in nervous exhaustion—neurasthenia.

Similar conditions may obtain when the narrowing of the cervical canal is caused by flexion of the uterus, but unless this has been of long-standing organic and structural changes are not likely to result, and, therefore the symptoms are confined to the catamenial period—uncomplicated obstructive dysmenorrhœa.

I will next ask you to consider the less frequently recognized effects of cervical stenosis that are manifested independently of menstruation, and that are associated with the behavior of the lower segment of the uterus, as it relates to the reproductive and sexual functions.

Sufficient contraction of the cervical canal will prevent impregnation. This concerns the circular fibres of the cervix, but the longitudinal fibres, which are continued over the fundus of the uterus, are also connected with the reproductive function, for their contraction, acting as a pump, draws the sperm cells into the uterus from the vagina. Therefore, the involvement of these fibres in the structural changes of the lower segment of the uterus contribute to sterility.

The lower segment of the uterus, especially the portio vaginalis, contains erectile tissue which responds to and sympathizes with the general erethism of the essentially sexual organs. The terminal nerves cannot fail to suffer insult when under stimulation the erection of the cervix is impossible. Hence, nervous phenomena that are not associated with the menstrual molimen may attend cervical stenosis.

I do not wish to state that this between-period-activity of the lower segment of the uterus is found in every woman, but I am confident that it forms a part of the clinical picture of some cases of cervical stenosis, and is an important etiological factor in many obscure gynecic conditions. Functionally it is probably an attempt at the same action of the longitudinal fibres that accompanies erection of the cervix, and that assist, impregnation. Therefore, married women with cervical stenosis are especially liable to reflex suffering, and in consequence make up a considerable proportion of the neurasthenics that belong to this social class.

The development of married life, and the maintenance of its relations, are attended with varying degrees of congestion, and excitation of the lower segment of the uterus, but owing to the rhythmic habit of the uterus, usually confined to a monthly expression, the pinching of nerve filaments in the structurally altered cervical tissues proves a non-periodic source of irritation, and causes, that in the healthy pelvic organs would be powerless, are sufficient to induce what I must again for want of a better term call "nerve insult." The condition is similar to derangement at any other orifice of the body, and reflex phenomena are likewise excited by unusual causes.

Such patients are always greatly exhausted, sometimes reaching the stage of syncopy, after coitus, which may in no sense be attended with pain. They are also liable to suffer from occipital headache, sometimes coming on immediately after coitus, and lasting for several hours. I have had patients in whom this was the only symptom of cervical stenosis, other than dysmenorrhœa, the suffering being so severe as to prohibit the married relations. Such patients are of a passionate, excitable nature.

An examination shows nothing abnormal in the pelvic organs to account for the nerovus phenomena. But the cervix is stenosed frequently elongated, and upon introducing a sound the characteristic reflex symptoms are developed as the instrument touched the internal uterine os. This feature I have constantly observed, the superior portion of the canal being much more sensitive than the inferior portion. In severe cases the hyperæsthesia is so marked as to induce contraction of the circular fibres, the sound being held firmly while the spasm continues.

The ever-present nerve irritation of a stenosed cervix, more marked, as I have pointed out, in married women, but a very potent etiological factor in the unmarried, as well, insidiously, but surely undermines health, and the subjects of this local derangement become nervous wrecks, not alone, or even principally from the suffering that attends menstruation, but in a large measure because of the disturbance of nervous equilibrium that must always follow any long-continued nerve irritation.

Parturition is not effected by a stenosed cervix. The fact that conception has taken place indicates that the contraction is not complete, and the natural slow softening and obliteration of the lower segment of the uterus that attends the preparation of the uterus for delivery, can have no other than a beneficial effect upon the morbid structures.

How shall we cure stenosis of the uterine cervix? Success will be measured by our regard to the pathology of the especial variety of contraction that we are treating, but any method that we adopt must be based upon mechanical dilatation; the crucial question is, how can this be effected to insure against recontraction with the additional tendency of cicatricial tissue to shrink?

Save in the simplest cases, dilatation alone has proved unsatisfactory. When the stenosis is sufficiently marked to be regarded as an actual pathology, the structural changes represent tissue infiltration and a loss of muscular and fibrous integrity, hence dilatation, mere stretching, can bring about no more than a temporary restoration of the lumen of the canal; in a short time the primary condition will return, with even more marked contraction, due to the increased inflammatory infiltration that follows mutilation.

Neither do I find permanent benefit to follow the use of electricity. For a few months menstruation is more normal, but gradually the dysmenorrhœa returns attended with all its former reflex symptoms, and the between-period-neuroses are as they were before.

My experience favors incision of the canal at the same time that it is dilated. But how shall we overcome the tendency of the cicatricial tissue to contract? The entire success of our method rests upon this, for if cicatricial tissue forms, that is, if the lines of incision unite by first intention, the canal will ultimately become narrower than before the operation. Our object is to secure granulation of the incised tissues, and to keep the surfaces soft until the granulations have organized into healthy cervical structures.

I have succeeded in doing this by the following technique: After thoroughly stretching the entire length of the canal, including the internal os, between the blades of the divulsor, which has not been removed, with a blunt bistoury, I incise the cervix in four directions, anterior, posterior, and left, and right lateral. The depth of these incisions will be determined by the degree of stenosis, and the resistance offered by the contracted structures. When this part of the operation is completed, the portio vaginalis presents the appearance of a deeply lacerated os, the laceration not involving the mucosa of the vagina. The hæmorrhage may be rather smart, but will cease sufficiently to proceed with the next, and most important step, by spreading the blades of the instrument widely apart.

This exposes the lines of incision, which are carefully dried. A small rubber drainage tube, four inches long, is then held in the center of the canal, extending above the internal os, and strips of gutta percha tissue packed around this into the incisions. By gently rotating the divulsor, each incision can be filled, and the widely open canal packed with the tissue, so that when, finally, the instrument is removed the rubber tube occupies the position of the external os, draining the fundus of the uterus, and the strips of gutta percha fill the incised wounds and keep the entire canal distended.

I am in no haste to remove this dressing. The uterus is well drained, and if asepsis has been perfect there is nothing to apprehend from the rubber tissue. Four or five days, even a week or ten days, may be passed with safety before the dressings are touched. From the first I order night and morning douches of Creolin, and insist upon the patient remaining in the prone position for at least two weeks.

Usually at the end of a week, the condition not suggesting earlier interference, I make the first dressing, and, after an intra-uterine douche of normal salt solution, reapply it. This can be done without difficulty, as the canal will then be found wide open. The dressing should be made at intervals until the next menstruation, and when this period has passed a modification of the primary tampon introduced. A central drainage tube is not then necessary, but the gutta percha should be packed well against the walls of the canal. To prevent the strips from slipping into the uterus, each one should be held with a piece of sterile darning cotton, the threads being tied together in the vagina.

I keep my patients under observation for three or four months, and one week before each expected menstruation reapply the gutta percha packing or tampon.

My results, as far as permanency is concerned, have been better with this method of operating on the stenosed cervix than with any other that I have adopted. The gutta percha tissue keeps the incision open, and favors the soft healing of the underneath structures.

42 West 48th Street, New York.

Surgery.

OCCLUSION OF THE MESENTERIC ARTERIES.

BY GEORGE S. COON, M. D., LOUISVILLE, KY.

I selected the subject of mesenteric occlusion because of a very unusual case which terminated in an unexpected and remarkable recovery.

In August, 1904, I was called, with Drs. H. L. Lott and J. E. Mann, to see Mrs. M. C., a wiry, energetic brunette, 38 years of age. Dr. Lott kindly furnished the history of the case for thirty-six hours previous to my visit. The patient had been in excellent health, but was considerably run down from physical and mental overwork. On arising at 6 A. M., August 2d, she felt as well as usual, with the exception of a metallic taste in the mouth, and a feeling that the teeth were too long, and as though she had been grinding them during sleep. An hour later a sensation of soreness through lower part of abdomen developed. At 8 A. M. soreness had increased, abdomen became so painful she could scarcely walk or even stand.

At 8:30 A. M., severe griping pains manifested themselves in the abdomen, forcing patient to bed; was unable to lie on either side; compelled to keep legs flexed; slight nausea developed. At 6:30 P. M., symptoms had increased in severity. A large quantity of dark green fluid was vomited. High enema produced no result. There was general distension of the abdomen. Pain became so intense as to require an opiate. Pulse 72, temperature 98.6°.

August 3d, 7:30 A. M., felt very comfortable, having rested well during the night; abdominal distension slightly increased.

12:30 P. M., feeling of comfort continued and appetite returned; took some nourishment. Half an hour later complained of severe abdominal pains, which increased in intensity gradually until 6 P. M. Patient vomited greenish fluid and undigested food. Opiate required.

On examination thirty-six hours after initial symptoms, the pulse count was 72, being full, regular and of good volume. Temperature 98.6°. Abdomen very much distended. Very little muscular rigidity. General soreness. Uterus retroverted. No localizing symptoms.

Though the patient was a woman of great fortitude, she manifested restlessness, and frequently moaned with pain, which was constant, with frequent exacerbations of intensity. Nausea was almost constant also. The facial expression was drawn and haggard, indicating serious trouble.

Sixteen hours later the pulse had increased to 120, while the temperature remained normal.

Diagnosis being impossible, exploration was decided upon. An incision four or five inches long was made in the median line below the umbilicus; a small quantity of dark, serous fluid appeared. The small intestines were greatly distended, and the jejunum and ileum were extensively studded with mæmorrhagic infarcts, varying from the size of a pin head to that of a half dollar. The mesentery contained many hæmorrhagic foci, and showed venous hyperæmia.

No other trouble was discovered except a non-adherent retro-displaced uterus. Tubes, ovaries, appendix and gall bladder appeared normal.

The intestines were so greatly distended as to make their return to the abdomen impossible, consequently two openings were made in the small intestines and one in the cæcum.

The small intestine contained a large quantity of bloody serum and gas, the cæcum nothing except gas.

The patient did not take kindly to the operation; the pulse increased in frequency and lessened in volume almost from the beginning, therefore the abdomen was closed as quickly as possibly and the patient put to bed, with a most unfavorable prognosis, as it seemed certain that mesenteric occlusion had taken place and that many sections of the intestines would become gangrenous, they being scattered too widely to permit of excision or resection.

That the process was a serious one was evidenced by a mishap which occurred a few days later. To save time the abdomen was closed with through and through silk worm gut sutures. On the third day, during a violent fit of retching, one of these sutures broke, and a small knuckle of intestine protruded. Over an area half an inch in diameter the peritoneum was lustreless, the bowel denuded and covered with fibrin. This was undoubtedly at the location of one of the larger infarcts already referred to. Otherwise the bowel presented a shiny appearance with good blood supply.

August 5th. Day following operation pulse varied from 136 to 160; temperature, 101° to 102.6°.

Pain intense, requiring three doses of morphia and atrophia. No vomiting. Nutrient enema and saline given regularly.

August 6th. Pulse 130-150; temperature, 100° to 102°. Delirious at times. Vomited frequently of green fluid. Three hypos necessary. Great distension.

August 7th. Vomited frequently large quantities of dark, greenish uflid. Frequent eructations of gas. Involuntary urination. Pulse, 120-146; temperature, 100-101.6°. Profuse perspiration. Sweetish odor of breath.

August 8th. Vomiting continued. Delirium. Cold, clammy perspiration. Pulse, 130-160; temperature, 100-102°. Expelled some gas with enema.

August 9th. Pulse, 150-174; temperature, 101.4° to 102.6°. Other symptoms the same, except pain more intense. No vermicular action perceptible in the intestines on auscultation. Involuntary urination occasionally.

August 10th. About the same condition. Expelled some flatus.

August 11. No change except pulse and temperature a little lower.

August 12th Vomiting continued, great distension. Some difficulty in breathing. Still delirious. Partly formed defecation from high enema. Pulse, 130-150; temperature, 100.5° to 101.6°.

August 13th. Vomiting ceased, otherwise about the same. Several dark, thin bowel movements from enema.

August 14th. Vermicular action of bowel noticed for the first time since operation ten days ago.

August 15th. Pulse remained below 130, temperature below 100°.

August 16th. About the same. Bowels moved several times from enema.

August 17th, 18th, 19th. No change. First nourishment given by mouth (panopeptone). Pulse, 110-120.

August 20th. Very restless Bowel discharges offensive, putrid. Vomited once, clear fluid. Bowels moved without an enema. Vomited once each day for next three days.

August 25th-26th. Pulse (which had dropped to 110) again increased to 130-140. Complained of pain in abdomen.

From this time on the patient had a tedious but uninterrupted convalescence many months being required to regain anything like her accustomed strength.

I have only been able to intimate briefly the general condition from day to day. On several occasions the patient was in a state of collapse with cold, clammy perspiration, pinched features, pulse thready, weak and uncountable, with death apparently imminent.

It will be noted that the symptoms were the worst from the seventh to the tenth day from the inception of the disease.

It will be readily understood that the exact nature and location of the lesion is somewhat problematical I have, however, been unable to find anything in literature except mesenteric occlusion which at all resembles the condition found. That this diagnosis is correct I believe there can be but little doubt. From the wide extent and location of the infarcts it seems almost equally certain that the occlusion was located in the superior mesenteric artery.

Except the cases in which resection was possible, so far as known to me, there are only five recorded cases of mesenteric occlusion that recovered. Chiene, in 1868, discovered in the dissecting room an old embolic occlusion of superior mesentery.

Virchow found the same artery converted into a hard cord and completely blocked to the aorta, without any change in the jejunum or ileum.

In Cohn's case one of the colic branches of the superior mesenteric was obstructed. Karcher reports a case of mitral stenosis in which acute abdominal symptoms presented two months before death. Post-mortem—the superior mesenteric artery was seen to be occluded by an embolus.

Moos also relates a recovery in which there is little doubt as to the correctness of the diagnosis.

As a rule, however, the prognosis is exceedingly unfavorable, and death occurs frequently in from twenty-four to forty-eight hours, accompanied by symptoms of collapse. In other cases the course is less acute, the patient withstanding the disease from one to three weeks.

Mesenteric embolism and thrombosis were first described and investigated by Virchow in 1859. Up to 1901 Gallavardin had collected eighty-three cases. Since that date quite a number of cases have been reported. Embolism is much more frequently met with than thrombosis.

The most usual predisposing causes are endocarditis and sclerosis of the arteries. So far as could be discovered, no such condition was present in the foregoing case, and many others are reported in which neither condition is mentioned.

Occlusion of the superior mesenteric is much more common than that of the inferior mesenteric; in fact, the latter is exceedingly rare.

The extent of the intestinal lesion varies according to the location of the embolus. When the trunk is occluded nearly the entire tract of the small intestine is involved. If one of the branches only is occluded the lesion may occur in different portions of the bowel, involving a small segment of intestine only.

The symptoms of mesenteric occlusion differ greatly in different cases, and are by no means constant.

The onset of the disease is usually sudden or rapidly progressive in character. Pain is usually severe, often agonizing and hardly controllable by an ordinary opiate. The pain may be localized, but more frequently radiates over the abdomen

On the other hand many cases are recorded in which the symptoms were much less acute, and in which there was an entire absence of pain.

Perhaps the next most frequent symptom is a bloody, watery diarrhœa, which occurs in about one-third of the cases. Occasionally it is the first sign of the trouble.

In another group of cases, as in the foregoing, there is complete obstipation with signs of acute intestinal obstruction.

Vomiting usually occurs early, may be bloody, or, later, even fæcal in character. Distension begins early, and generally becomes very marked. Abdominal rigidity is prominently manifested in some cases, and appears only slightly in others. Pulse, sooner or later, becomes rapid and weak. Temperature, at the beginning, is usually normal, and not infrequently becomes subnormal.

Occasionally evidence of ascites may appear later, and, finally, delirium, complete collapse, etc.

The diagnostic rules, as laid down by Gerhardt and Kussmaul, are the discovery of a lesion favorable to the formation of an embolus, embolism of other arteries, copious intestinal hæmorrhage not due to any other intestinal process, colic spasms preceding or accompanying the hæmorrhage, tympanitic distension of the abdomen. When all these signs are present the diagnosis of mesenteric occlusion may be confidently made.

Few cases present any such definite signs, however, so that the most skillful diagnostician may be easily baffled. This is particularly true in cases without hæmorrhage, which present marked signs of ileus or acute obstruction. As a rule, diagnosis is uncertain until an incision reveals the condition.

But as the conditions for which mesenteric occlusion are liable to be mistaken, such as acute fulminating appendicitis, acute cholecystitis acute obstructions, ruptured extra-uterine pregnancy, perforating ulcers, and pancreatitis, demand prompt surgical interference, too much time should not be wasted in futile attempts at diagnosis.

In these extreme abdominal cases, marked by intense pain, vomiting, rapid pulse, muscular rigidity and collapse, it is sufficient to recognize the uselessness of drugs. The indications are for an immediate inspection of the abdominal cavity, for no one can tell what is taking place. Few, if any, cases will die because of such a procedure, though many may do so in spite of it.

Unfortunately, in a majority of the cases of mesenteric occlusion, our operative procedure is limited to an exploration. The gangrene is so extensive as to preclude the possibiilty of removal. Notable exceptions, however, have been occasionally met with, in which the gangrenous area was limited, and in which resection was successfully done.

In all cases the patient is entitled to all possible assistance and no hesitation should be felt in resecting two or three hundred centimeters of intestine, if thereby the infected area can be removed.

Ophthalmology.

BULBAR PARALYSIS.

BY E. D. BROOKS, M. D., ANN ARBOR, MICH.

While bulbar (palato-glosso-pharyngeal) paralysis may not be strictly a disease of the throat, the fact that the pharynx is the apparent chief seat of the disease incites those suffering from it to consult the laryngologist for relief, which fact is my excuse for presenting this paper, and the reason why I had the good fortune to have the care of a case of this interesting disease near its close.

Authorities do not speak of it as rare, yet so good a book as "Raue's Pathology and Therapeutic Hints" does not mention it; and the case under my care went to the clinic of the allopathic hospital of Michigan University three times before they would diagnose his trouble, and only one of the numerous physicians he consulted diagnosed it correctly. So I think myself justified in calling it a comparatively rare disease. In its pathology it resembles spinal paralysis, the lesion beginning in the floor of the fourth ventricle and the medulla oblongata and upper part of the spinal cord, destroying, by a usually chronic process of inflammation or degeneration, the roots of the facial, pneumogastric, hypoglossal and spinal accessory nerves. The motor cells are destroyed and atrophied, which process extends later to the trunks of the nerves, and their fibers become gray, translucent and shrunken.

The disease is most frequently attributed to exposure to cold, although whatever greatly depresses the vitality may enter into its causation.

Once begun it progresses slowly and steadily and usually surely to dissolution; allopathic authorities considering it universally fatal, and the few reported cases of supposed recovery merely cases of mistaken diagnosis; so if there is any hope for the unfortunate victim it must necessarily be in the homœopathic remedy.

The symptoms usually begin with a difficulty in speech, words containing the lingual consonants l, t, d and c being pronounced with difficulty or imperfectly, owing to the inability of the patient to raise the tip of the tongue. This is soon followed by difficulty in protruding the tongue; next swallowing becomes difficult, especially for liquids, which escape into the post-nasal space or the larynx, from paralysis of the epiglottis and palate as well as the muscles of the pharynx. The food often collects between the teeth and the cheeks, and, as the tongue lies motionless in the mouth, it can not be used to dislodge the food from that receptacle. Usually the saliva is secreted in excess, and as it can not be swallowed, it dribbles from the corners of the mouth, and when the orbicularis oris is affected the lower lip hangs down and exposes the lower teeth, while the risorius muscles draw the upper lip upward, thus causing a disgusting disfigurement. The condition of the patient is pitiable in the extreme. Having full control of his mental faculties and appreciating his repulsive appearance, hungry to desperation but unable to swallow the food provided, losing control of one set of muscles after another with no hope of relief from a death by slow starvation, with the emotions and sensibilities easily excited, death comes as a welcome relief. Mackenzie advises euthanasia, but we think the time has not yet arrived when that is a proper procedure.

My patient was a farmer, about forty years of age. A man of exemplary habits, prosperous in business and happy in his domestic relations. Was exposed to severe cold in the winter of 1902-'03, while hauling grain to market, became greatly vexed at a balky horse, and reached home thoroughly exhausted. His was a typical case from the first onset, and progressed steadily to the end. Numerous physicians of various pathies were consulted, including osteopathy, and when one failed to bring about an improvement another was employed. Most of them called the disease tuberculous laryngitis, Dr. E. L. Shurley, of Detroit, Mich., being the first to properly diagnose the case. He advised galvanism, and sent him to his home physician for treatment. Nothing stayed the progress of the disease, even temporarily. He came to me, June 21, 1905, about eighteen months after the onset of the disease, at which time he was emaciated to little more than a skeleton; the tongue lay motionless in the floor of the mouth; he could manage, by long and persistent effort, to eat about a half pint of food three times daily; phonation was not much impaired, though the sound emitted was a monotone, but there was no semblance to articulate speech; the articularis oris was not much affected, nor did the saliva escape from the mouth very much. He could lie down to sleep; his mind was clear, but he was very emotional, usually weeping continuously while eating. There was, during attempts to eat, a constant tendency for food to enter the larynx, causing frequent efforts to clear the throat by an audible hemming. He was very despondent, refused to be fed by a stomach tube or per rectum, preferring death, which came to his relief early in August, 1905, about twenty months from the date of exposure.

During a considerable portion of his sickness he was under homœopathic treatment, and the apparently homœopathic remedy was administered, but he was treated by allopathic physicians for the first few months, they diagnosing tubercular laryngitis. No treatment seemed to stay or hinder in the least the progress of the disease.

What might have been the result had he had homœopathic treatment from the first can only be conjectured.

One would not expect to reproduce the destroyed or sclerosed tissue, but it does not seem that during the early stages the indicated remedy might arrest the progress and prevent dissolution.

Hughes says the disease has been reported cured by Anacardium, and also recommended Belladonna and Plumbum, especially the latter, from its symptomatology. My patient received Aconite, Causticum and Nux, with positive galvanism to the base of the brain, remedies which seemed to me to be indicated by the symptoms and the etiology.

Diabetes in Railroad Employees

Has been studied by Navarre (Semaine Medicale. April 19, '05). On the line from Lyons to the Mediterranean 200 cases were reported by the medical officers of the road, an average of 3 per 1 000. The proportion is much higher among engineers and conductors than among other employees. Navarre concludes that vibrations and jars evidently favor the development of diabetes.

Homoeopathics.

A PLEA FOR PRECISENESS.

BY J. F. EDGAR, M. D., EL PASO, TEX.

To the Members of the American Institute of Homœopathy and All True Physicians:

Recognizing that one of the laws of creation, evidenced in the formula Similia Similibus Curantur is absolute, then, as practicians and as an organization for the true representation, the true practice, and the true records of this law, we must have knowledge of it far beyond a "belief," we must have classically correct records.

We must command the respect and also deserve the respect of all sane humanity, who can and will divest themselves of superstition, fads, theories, etc., and investigate this law of cure.

Therefore, in our utterances, our writings, our records, let us at once and for all future, strive earnestly and without fear or favor, to divest our expressions of all the incorrectness and synonyms. Not making puerile excuses of "habit," "custom," or "you know," or "ought to know."

Please reflect carefully over the main points I wish to convey. The subject matter is for record of centuries, more necessary than just the present.

Hahnemann must have used better, purer language than our translators have allowed him in the English. Born in a superstitious age, environed in the same all his days, it is not true veneration of his knowledge to recognize, and ourselves know, what he did accomplish, instead of having "beliefs."

In this 20th century when other sane brains are endeavoring to rise above supersitition, and learn, and know, and make practical use of other true laws of creation, shall we not be equal with them, yea, in advance of all others in knowledge of our absolute law of cure? And when other sane brains wish to investigate our true law, let our records show correct expressions that they may command and deserve respect and admiration.

Not allowing our true history of medicine to follow after the manner of the dominating, experimental school, whose history shows that they oppose investigating pure truth, but quickly and arrogantly embrace all manner of theories, fads, experiments, and force them upon afflicted humanity, and sometimes force cruel inoculations upon those not complaining for a fee, or to carry out the dominating fad, almost demonstrating State medical domination.

1st. Physician means an investigator of nature. Doctor means a learned person. Both of these we must be, must represent both correctly.

2d. Given a law of cure, knowledge of that law and courage from that knowledge, then with knowledge of a reasonable number of other true laws of creation, as dynamization, law of dose, magnetism, astronomy, geology, botany, et al., we then can be "investigators of nature," and also investigators of the abnormal conditions from nature, and thus be enabled to apply the law of cure to the relief of suffering organisms of all degrees. And can drop all the past and existing theories and fads, and not be dominating and arrogant practicians. We shall be learned persons.

Among the first improvements will be to drop for always the superstitious idea or expression of a spirit-like thing hovering over or about organism called "disease." Let us recognize the truth of the abnormal flow of the life force, and that alone will aid in dispensing with many theories and fads and drug and chemical forcings.

Where translators have made it, as if Samuel Hahnemann wrote it, "natural diseases," to differentiate from drug pathogenesis, please correct your books of record as I have mine, and make it abnormal conditions. For the expression "natural disease" is an absurdity.

3d. The American Institute has in contemplation the reproving of the remedies in our Materia Medica, and has thoughtfully arranged for an authorative, carefully prepared pharmacopœia. It is a noble work, but can only be applied in this forthcoming reprovings, and then, according to those symptoms created and recorded, can the remedies, prepared according to that pharmacopœia, be applied homœopathically for cures.

Our books of record, now in use, have the provings of remedies, according to the pharmacopœia of Hahnemann, Hering, and others.

When the new is prepared, co-ordinently, then the new can be used. The old and the new cannot be used interchangeably.

4th. Correct expressions, and no synonyms in verbal, written or printed utterances, not only for record and truth, but in case of translation into other languages.

Let us make a record that will be "up to date" for a decade of centuries, in place of that of the records of the irregular schools, whose better, clearer-brained representatives claim "are only in fashion," "up to date," "for a few years," seldom for a decade. Everything plain with one unchangeable term, not even a synonym.

Not making excuse by saying "You suppose it will be comprehended," but make it so plain that it will be comprehended, and the only true way.

Allopathic in place of old school or even irregular, and never use regular or physiological even with quotation marks or (?).

Journal editors should make these corrections in the MSS. when the writer forgets. The Medical World editor corrects all MSS sent to him according to the improvement in language he has adopted.

a = American Institute for Homœopathy. It is an organization for the record, and strength and success of practicians who represent its practice.

b = American Pharmacopœia for Homœopathy.

c = Colleges of State or city for Homœopathy. As N. Y. Medical College for Homœopathy. Missouri Medical College for Homœopathy.

d = Remember that Hahnemann was a classical scholar far in excess of that of Noah Webster or any printer, and to honor his knowledge and this fact the diphthong should always be used in Homœopathy or its adjectives, or use the plain letters oeo.

If you still desire to vandalize, then take the extra hs and ns out of Hahnemann's name and spell it Aneman.

e = Similia Similibus Curantur, and rescind the resolution adopted as to "Curentur" some years ago.

f = Let every endeavor be by the aid of our best scholars and best observers, to use but one correct word, and no synonym to express a certain condition.

The term "billious" to be used with quotation marks until that condition is better comprehended, better explained, then that term to become obsolete.

"Taking, catching, contracting cold." That would mean a voluntary effort, which is untrue. Render it ill effects of cold, ill effects of exposure to cold. Coryza.

g = Have the symptoms recorded in their proper section, as per the heading. For as now recorded they are frequently not. Inner head conditions are often placed in the section for outer head, and thoracic symptoms mixed in the space assigned to lungs and bronchia.

h = Let us take this up by the section numbers in the plan of Hering's Guiding Symptoms:

1. Mind.

Insanity brought on by alcoholism, in place of "insanity brought on by drinking."

Paroxysm of passion, in place of "fit of passion."

Worrying about some grief, in place of "laboring under a fit of passion."

2. Sensorium.

Vertigo, in place of "giddy," "dizzy," "swimming," "reeling."

Vertigo when walking, in place of "reels when walking."

Vertigo, in place of "head feels swimming."

3. Inner Head.

Heat exhaustion, in place of "sunstroke."

In the sun's rays, in place of "in the sun "

He is afraid to commence reading or working, in place of "he durst not set about reading or working."

Boring motion of the head into pillows, in place of "boring head deep into the pillows."

4. Outer Head.

Walked with the head drawn backward, in place of "walked with the head thrown back."

Hair falls off, in place of "Hair falls out."

5. Vision and Eyes.

In place of "sight and eyes."

Eye globes, in place of "eyeballs."

Fixed and glassy, in place of "fixed and dead."

Strabismus, in place of "squint."

Very lachrymose, in place of "eyes stream water."

Eyelids closed, in place of "eyes shut" or "closing eyes."

Orbital cavity, in place of "eye socket."

Hordeolum, in place of "stye."

Iris dilated, in place of "pupils dilated."

Contracted iris, in place of "contracted pupils."

Irises dilated, in place of "pupils dilated."

Iris, in place of "pupil" in all cases.

Pupil means baby, and relates to imaginery image seen in the space, and that does not dilate or contract.

Lachrymation, in place of "eyes water," or "running water," or "tears from the eyes."

Eye muscles, in place of "eyes."

Differentiate in the expression "strain of eyes," which set of muscles, cilliary or recti.

Heat sensation in the eyes, in place of "eyes burn."

Blood extravasation, in place of "bloodshot."

In sun's rays, in place of "in the sun."

6. Hearing and Ears.

Discharge the only term to be used for any fluid or solid coming out of ear canal.

Music has a nervous effect through every limb, in place of "music goes through every limb."

Roaring sounds in the ears, in place of "roaring ears."

Buzzing sensation as if through the entire head, in place of "buzzing in whole head."

Lying down with ears upon the pillow, in place of "lie on ears."

Left ear discharges pus and mucus, in place of "left ear runs matter."

Dulness of hearing, in place of "hardness of hearing."

7. Smell and Nostril.

In place of "Nose."

Flow the term to be used with all fluids or discharges from the nostrils.

Base of nostril, in place of "root of nose." Can say root of teeth or root of tongue.

Distressing stoppage to free respiration in the nostrils in place of "distressing stoppage at bridge of nose."

Coryza, in place of "colds in head" or "influenza."

Fluent coryza, in place of "running coryza."

Hot fluid, in place of "hot water."

Odor, in place of "smell."

Mucus, in place of "slime."

Inhalations restricted to this section for the taking in of odors, and not used as a synonym of inspiration.

8. Upper Face.

Spasmodic twitchings, in place of "convulsive twitchings."

Perspiration, in place of "Sweat" on the cheek.

Mumps seems more proper than cyananche parotodea, as there is seldom choking.

9. Lower Part of Face.

Maxilla, in place of "jaw."

Articulation, in place of "socket."

Masticating, in place of "eating" or "chewing."

Moistening of dry lips in place of "licking of dry lips."

Rhagaded lips or feverish lips, in place of "chapped lips," unless you know the chap.

Hydroa or herpes labialis, in place of "fever blisters."

10. Teeth and Gums.

Grinding sounds from the teeth, in place of "grinding teeth."

Abnormal condition of gums, in place of "disease of gums."

Acid edge of teeth, in place of "teeth set on edge."

11. Taste, Speech, Tongue.

"Choking in the throat" change to larynx, and place in section 25.

Taste as of the odor of rotten eggs, in place of "taste of rotten eggs." This occurs in Aconite, Arnica, Hepar sulphur.

12. Inner Mouth.

Expectorate, in place of "spit."

Saliva, in place of "accumulation of water."

Salivation, in place of "ptyalism."

Mouth spotted with aphthæ, in place of "filled with aphthæ."

Flow the only term to be used to designate fluids or discharges of any kind from the mouth.

13. Pharynx.

In place of "throat" or "gullet." Define the throats, and not be mislead. We have pharynx, œsophagus, larynx, trachea, and the term "throat," sometimes "pit of throat," is use indiscriminately.

Deglutition, in place of "swallow" or "swallowing."

Tonsillitis, in place of "quinsy" or "amygdalitis."

Add sensations after "burning and stinging," "stinging and choking," "burning," "tickling," "sticking."

14. Appetite, Thirst, Desires.

Masticate, in place of "eat" or "chewing" when it relates to that function.

An intense thirst, in place of "A good deal of thirst."

Retains nothing upon the stomach, in place of "retains nothing."

15. Eating and Drinking.

Liver abnormal, in place of "liver complaint."

Transfer worse before breakfast to proper section, and explain it.

16. Hiccough, Eructations, Nausea, Vomiting.

Eructations, in place of "belching," "risings," "gulpings," "regurgitations."

Nauseate, in place of "gagging."

Vomiting, in place of "retching," "throwing up," "gulping up."

Hot eructations, in place of "heartburn."

Watery eructations, in place of "waterbrash."

Fainting sickness, in place of "deathly sickness."

Small quantities of water soon vomited, in place of "are immediately thrown up."

Tasting like the odor of rotten eggs, in place of "tasting like rotten eggs."

Tasting like odor of carrion, in place of "tasting like carrion."

Mucus, in place of "masses," or "phlegm." "slime."

Yellowish mucus, in place of "bile."

Pharynx or œsophagus, in place of "throat."

17. Scrobiculum and Stomach.

Epigastrium or region of stomach, in place of "pit of stomach."

Tissues of the stomach, in place of "coats of stomach."

18. Hypochondria.

"Anxious feeling in the præcordia" transfer to section 29.

Short ribs of the right side, in place of "right short ribs."

19. Abdomen and Loins.

Never "belly."

Umbilicus, in place of "navel."

Intestinal neuralgia, in place of "colic" (which means colon) or "bellyache."

Intestines, in place of "bowels," or "entrails"

Flatus, in place of "wind" or "gas," either downwards or upwards.

Weight in place of "load."

Cramping, in place of "griping."

Large abdomen of children, in place of "large bellied children."

Epigastrium, in place of "up to pit of stomach."

Preliminary of acute catarrh, in place of "effects ot taking cold."

20. Rectum.

Omit "stool" always and absolutely, a backless chair.

Fæces or fæcal evacuations, in place of "stool," "dejections," "purging," "passages," "passing," "voiding," "bowels moved."

No "bowel movements," no "dejections," "expulsions," make it only pure, indisputable terms "fæces," "fæcal exacuation," "evacuations."

No "bowel troubles from irritation of teething," write it intestinal troubles coincident with teething.

Rectum, in place of "gut" or "bowels."

Evacuations regular, in place of "bowels regular."

Evacuations loose, in place of "bowels loose."

Intestines, in place of "bowels."

Evacuations, in place of "discharges," "dejections," "motions," "passages," or "passes," or "alvine dejections."

Evacuations from rectum, in place of "evacuations from the bowels."

Rectum prolapsed, in place of "bowels prolapsed."

Hæmorrhoids, in place of "piles."

Flatus, in place of "wind" or "gas."

Stricture coincident with hæmorrhoids, in place of "stricture from piles."

The term evacuation to be used exclusively where an opening is controlled by sphincter muscles, as at the rectum and bladder.

21. Urinary.

Kidneys secrete, in place of "kidneys act."

Kidney abnormal, in place of "kidney disease."

Urination, in place of "micturition," "escape of urine," "water passes," "passing urine," "voiding urine," "emission of urine," "urine passes," "making water."

22. Male Sexual Organs.

The references to "sexual excesses" should explain it as one-sided wasting and no exchange of magnetic secretions, and the gradually improper performance.

Differentiate clearly in sections 20, 21, 22 between prostatic and seminal emissions, and exclusively used where the fluid is emitted with force, never discharges or ejaculations.

Emissions, in place of "discharges."

Gonorrhœa, in place of "clap."

Condylomata, in place of "warts" or "fig warts."

Sexual organs, in place of "privates."

Coition (to go off and go off together), in place of intercourse. Intercourse can relate better to mental and social relation.

23. Female Sexual Organs.

Flow, the term to be used about all fluids flowing or passing out of or from the female sexual parts.

Menstruation in place of "menses," "courses," "periods," "catamenia."

Menopause, in place of "climaxis," "change of life," "critical period," etc.

Metorrhagia, in place of "flooding."

Amenorrhœa, dysmenorrhœa, menorrhagia, flow of bloody mucus, in place of "leucorrhœa of bloody mucus." How could it be a white flow?

Uterus, in place of "womb."

Leucorrhœa, in place of "whites."

Coition glands, in place of "glands of Barthlow," "Durveny."

Intense bearing down, in place of "awfully bearing down."

Parturition, in place of "labor."

24. Pregnancy, Parturition, Lactation.

Fever of parturition, in place of "child bed fever."

"Metastasis of milk to the brain," in Aconite.

Mamma, in place of "breast" or "bosom." Bosom could apply to the space around the mammæ.

Lactation, in place of "nursing" or "suckling."

Lactation fever, in place of "milk fever" or "child bed fever."

Parturition, in place of "labor," "confinement," "lyin-in," "delivery," "child birth," etc.

Child bed to apply to the time after delivery.

Placenta, in place of "after birth."

Child cries when lactating, in place of "child cries when attempting to take the breast."

25. Voice, Larynx, Trachea.

Differentiate carefully which organ is involved so that there will be no mistake as to pharynx or œsophagus, when the term "throat" is used so recklessly.

26. Respiration.

Respiration, in place of "breathing," or "breath," or "inhalation;" allowing inhalation only to the nostril. Section for odors.

Obstructed respiration, in place of "taking the breath."

Thorax in place of "chest."

Difficult respiration, in place of "panting."

Lungs, in place of "chest."

Trachea or bronchia, in place of "air tubes."

27. Cough.

Differentiate closely as to the place of irritation, whether in the larynx, trachea or bronchia.

Do not generalize with the term "throat" or "pit of throat."

Pertussis, in place of "whooping cough."

Larynx or trachea, in place of "throat."

Bronchia, in place of "chest"

Thorax, in place of "chest."

Lung abnormalities, in place of "chest troubles."

Exposure to cold, or becoming cold, in place of "taking cold" or "getting cold."

As if she would expectorate a large quantity of mucus in place of "as if she wanted to raise a great deal."

28. Lungs and Bronchia.

Omit "inner chest," and restrict all symptoms to this section of those that relate only to the tissues of the lungs and bronchia.

Those relating to the pleura and thoracic wall place in section 30 = thorax.

Omit the term "chest" absolutely, and make plainer which class of tissue is affected, i. e., bronchia, lungs, pleura, thoracic wall.

Rattle of mucus, in place of "phlegm rattles."

Rattle of mucus in bronchia, in place of "rattle of mucus in chest."

Mucus in the bronchia, in place of "phlegm on the chest."

29. Heart, Pulse, Circulation.

Differentiate in reference to concomitant locations.

Pulsation in place of beat. We have other beats, as dead beats, wife beaters, red beets.

Heart abnormal, in place of "heart disease."

Thorax, in place of "chest."

Perspiration, in place of "sweat."

Veins of neck, in place of "veins of throat."

Pulse increased to 68, in place of "pulse ran up to 68."

30. Thorax.

In place of "outer chest," and bring all symptoms out of 28 that properly should be recorded in 30.

Sternum, in place of "breast bone."

31. Neck and Back.

Differentiate the back into the cervical, dorsal, lumbar, sacral and coccygeal regions.

Omit the term "small of the back." Write it sacral back.

Explain, "side," along the head, face, neck, thorax, abdomen, hips, limbs.

Anacardium, 267 = Little vesicles upon the neck and thorax, in place of "little blisters on breast and throat."

32. Upper Limbs.

First finger means the "little finger," fourth finger means the "fore finger" etc.

Fingers without sensation, in place of "fingers as if dead."

Muscles of the thumb or hand, in place of "ball of the thumb" or "hand."

Web between thumb and fourth finger, in place of "web in fork of fore finger and thumb."

Fingers become numb, in place of "fingers deaden."

33. Lower Limbs.

Muscles of legs, in place of "calves" or "calf of legs."

Tibia, in place of "shin" or "shin bone."

Hip abnormal, in place of "hip disease."

Nates, in place of "buttocks."

Burning sensation in feet, in place of "feet burn."

34. Limbs in General.

Rhagades, in place of "chapped."

Articulations, in place of "sockets."

35. Rest, Position, Motion.

Change to correctness the concomitant references. When the term "side" is used specify the exact section.

Cannot remain long in one position, in place of "cannot lie still."

Neuralgia, in place of "colic," which means colon.

In the sun's rays, in place of "in the sun."

36. Nerves.

Spasms or spasmodic, in place of "convulsions" or "fits."

Flexed, in place of "drawn up in a heap."

Intermitting, in place of "in spells."

37. Sleep and Dreams.

Becomes sleepy, in place of "grows sleepy."

Retiring to bed, in place of "going to bed"

Sleeps or sleep, in place of "going to sleep."

Worrying dreams, in place of "nightmare."

First sleep, in place of "falls asleep" or "falling to sleep."

Prevents sleep again, in place of "prevents falling asleep again."

Cannot sleep, in place of "cannot get to sleep."

Yawning, in place of "gaping."

38. Time.

Insert sensations after tearing, burning, shooting, cutting, etc.

Intense or very worrisome, in place of "unbearable."

39. Temperature and Weather.

In the sun's rays, in place of "in the sun."

Perspire, in place of "sweat."

Intense or very annoying, in place of "unbearable."

Abnormal, in place of "disease."

40. Chill, Fever, Perspiration.

Never "sweat" unless in a veterinary book.

Amanita, page 175, "Feverish chill, every evening, without thirst and without heat." ? ? ?

Suffused in perspiration, in place of "bathed in perspiration or sweat."

Bathed in perspiration, in place of "drenched in perspiraton."

Fever very annoying, in place of "fever unbearable."

Horrida cuta, in place of "goose flesh."

Paroxysms, in place of "spells"

41. Attacks.

Intermittingly, in place of "by fits" or "spells."

Spasms, in place of "convulsions."

Bilious with quotation marks.

Evacuations, in place of "discharges," "dejections," "passages"

42. Locality and Directions.

Insert sensation after sticking.

Extending to, in place of "travelling to," "passing down to," "running down to."

Change position frequently, in place of "go about."

43. Sensations.

Very annoying or intense, in place of "intolerable" or "unbearable."

Disappears or omits, in place of "passes over."

Intermittingly, in place of "in spells."

Numb pain, in place of "dead pain."

Numbness, in place of "going to sleep."

Sensation in every section, in place of "it seemed," or "it felt," or "feeling."

Placed, instead of "laid."

Omits, in place of "passing off," or "goes off."

Skips and skipping, in place of "shooting," or "shoots over."

Suffer, in place of "bear," or "bearing."

Motion, in place of "moving."

Becomes, in place of "getting."

Rather rapidly, in place of "a little rapidly."

Intense pain, in place of "a great deal of pain."

44. Tissues.

Variola, in place of "small-pox."

Gangrene, in place of "mortification."

Condylomata, in place of "warts."

Phlegmasia lactea alba, in place of "milk leg."

Plebitis or septicæmia, in place of "blood poison."

Small quantity of pus, in place of "scanty pus."

Suppuration, in place of "festering."

Ulcerated, in place of "running sore."

Fungous flesh, in place of "proud flesh."

Albuminuria, in place of "Bright's disease."

Pus, in place of "matter."

Abscess, in place of "gathering."

Struma, in place of "scrofula."

Axilla, in place of "armpit."

Body, in place of "trunk."

Anthrax, in place of "carbuncles."

Furuncles, in place of "boils."

Paronychia, in place of "felons."

Œdema, in place of "swelling."

Mucus, in place of "phlegm or slime."

Perspiration, in place of "sweat."

Fæces, in place of "stool."

Menstruation, in place of "menses." For menses means only the flow, while menstruation covers the cause and existence of the cycle also.

Discharge, the only term to be used as describing the contents issuing from any artificial opening.

45. Touch, Passive Motion, Injuries.

Place, instead of "lay." As place the hand or limb; allow the hens to "lay."

Paronychia, in place of "panaritium."

Body, in place of "trunk."

Region of the stomach, in place of "pit of stomach."

Œdema, in place of "swelling."

Eye globes, in place of "eyeballs."

Furuncles, in place of "boils."

Nostril, in place of "Nose."

46. Skin.

Condylomata, in place of "warts."

Cornus, in place of "corns."

Herpes circinatus, in place of "ring worm."

Vesicles, in place of "blisters."

Urticaria, in place of "nettle rash."

Herpes, in place of "tetter."

Rhagades, in place of "chapped."

Vesicles opened, in place of "blisters break."

Ulcer, in place of "sore."

Sensation of, in place of "feels of."

Furuncles, in place of "boils."

Add sensations after burning.

47. Stages of Life, Constitution.

Malignant abnormality, in place of "malignant disease"

Persons of sedentary habits, in place of "sedentary persons."

Elderly persons subject to diarrhœic evacuations suddenly, whose general habit is constipation, in place of "elderly persons with diarrhœa, all at once get costive."

Abnormal, or abnormal conditions, in place of "disease."

Bilious use with quotation marks until better described and comprehended.

Negro, never "colored," when describing those of African descent.

48. Relationship.

Intense or very annoying, in place of "intolerance of."

Practice of Medicine.

A CASE OF PERITONITIS.

BY J. M. FULTON, M. D., AUDUBON, IA.

Case.—M. H., æt. 14 years, female. Sickness dates from January 1, 1905. Commenced with obstruction of the bowels. Good family history; no tuberculosis on either side of the parents. Patient has never been rugged, appetite capricious, of a nervous temperament, and has always been constipated with more or less headache.

Sharp pain was not a constant symptom in the first few weeks of the attack, but there had been considerable tenderness over the whole region of the abdomen.

On March 5th I saw her, after she had been under treatment of their home physician about two months., Examination then showed fæcal accumulation in the region of the ilio-cœcal valve with tympanites and general emaciation. About this time the mesenteric glands could be plainly felt.

Enemas of olive oil were now given followed by water, once daily, the diet regulated and the bowels were soon emptied of their contents. But the damage had been done, and temperature gradually began to rise, in the evening being at times as high as 103°, and continuing about four months. About two weeks ago diarrhœa developed, and has continued since They are large, yellow, watery, offensive, with much gas.

The following symptoms now present themselves: June 29, 1905, great emaciation, cannot stand on the feet, general anasarca, albuminous urine, no tube casts or renal epithelium, thirst, restless at times, pulse varying from 109 to 127. No valvular lesion. Some dyspnœa but not marked. The fever left about a week ago. She has taken the following remedies according to the indications: Calcarea phosphorica, Calcarea iodata, Arsenicum iodum and Sulphur. She is now taking one dose of Sulphur 30x each morning, with Arsenicum iodum 3x every three hours.

A diagnosis of non-tuberculosis peritonitis has been made, brought on by the long-standing fæcal accumulation engorging the mesenteric glands and extending to the peritoneum.

July 24, 1905. The little patient seems to be fairly on the way to recovery, and unless unforseen complications arise she will get well. The anasarca has disappeared except slightly in right foot.

One might suspect nephritis when such large quantities of albumen began to pass (70 per cent. at one time), but there was no renal epithelium or tube casts It was dependent upon changes of the constitution of the blood which so alters the diffusibility of the albumen as to permit it to pass through the uriniferous tubules. This was an unfortunate complication, for just about the time when the peritonitis and the fever had subsided and patient was at the height of her weakness the albuminuria developed, thus depriving her of the so much needed nutrition. At present the albuminuria is decreasing as the anæmic state diminishes.

The patient is now taking as the indicated remedy Natrum muriaticum 30x every three hours, and has made a great deal of improvement since we began the administration of this remedy. In the way of diet she is taking Hagee's Cordial, boiled milk, and about two ounces of raw beef juice every twenty-four hours. Massage is also applied regularly.

Miscellany.

THE SUNSET OF LIFE.

BY J. RICHEY HORNER, M. D., CLEVELAND, O.

Comparatively few physicians live to be eighty years old, and still fewer can boast of having practiced more than fifty years. As a rule, the man who is active in practice at eighty years is one who has begun his medical career when he is beyond middle life, and has learned the value of conservatism in utilization of his vitality. So that he rarely attains the half century of practice. A man at eighty to have practiced fifty years must have begun while still in his twenties and it is altogether too true that the man in his twenties works and eats and lives as though there could not possibly be a time when nature might retaliate for indignities suffered. and close his career earlier than might have been possible had he not "burnt the candle at both ends." His sun sets early.

To two men the sunset of life has come in all its glory. A half century of toil and tribulations has had its fitting reward. Their remaining years, and may they not be few, can be passed feeling that they have earned the love and veneration of thousands because they have had substantial evidence of the same. The testimony has been given them while they are still active and full of the ability to enjoy its meaning.

We began to say that Cleveland physicians are responsible for this event, but that is hardly so. Physicians from all over the United States and from foreign countries are responsible for the honor tendered Prof. John Chapin Sanders and Prof. David Herrick Beckwith, of Cleveland, Ohio.

October sixth there was a gathering in the assembly room of the Hollenden Hotel, in Cleveland, of a company of men and women, the majority of whom had been students of these venerable and much beloved teachers. The object of their gathering was to do honor to their two guests, and they did. Drs. Sanders and Beckwith, as the guests of the evening, were very happy. They fully appreciated the meaning of the actions of their hosts. and it was with beaming faces that all gathered about the festal board Of course there were addresses and telegrams and letters; all were fully appreciated and all fitted in perfectly, one with the other, so as to make a perfect whole.

Directing the after dinner talk, Dr. W. A. Phillips proved himself the right man in the right place. He called first upon Dr. G. J. Jones, Dean of the College, where the honored guests had wrought so many years. To the Dean he gave the following sentiment: "Age; how long we live, not years, but actions tell." The talk was, of course, reminiscent, though the speaker lapsed into the poetical, closing his well chosen words with a quotation peculiarly apt.

Dr. W. B. Hinsdale, in a scholarly address, responded to the sentiment, "Progress; the Thoughts of Men Are Widened With the Process of the Suns." As an after dinner speaker Dr. Hinsdale needs no exploiting. He is excellence itself, and his address of the evening was thoughtful and dignified and full of wisdom. We wish it might be published. Dr. J. H. McClelland was to have been present but could not be, and Dr. H. H. Baxter responded to the sentiment, "Professional Spirit; the Spirit Giveth Life." He paid a beautiful tribute to these two men with whom he had been associated in college and profesional life for nearly forty years. All his words were praise, and all his praise rang with the truth.

Dr. Harlan Pomeroy, whose sentiment was "Merit; Chasms Strike the Sight But Merit Wins the Soul," was peculiarly fitted to speak concerning both men. He knows them as but few can know them. He was Dr. Sanders's associate in obstetrics in the college, and for several years after Dr. Sanders found continuous work too much of a tax for his strength, he was at the head of the department. He was for a number of years the office associate of Dr. Beckwith, and as such came to know him most intimately. Hence he could speak from a personal intimacy with the two men. His tribute was a glowing one delivered in a most impressive way, full of force and pathos.

Dr. J. Richey Horner had had the duty of collection of the necessary funds, and he made his report. This consisted of a list of names and addresses of the donors and excerpts from the many letters received. He quoted numberless expressions, showing the love and devotion of the writers, who form a chain reaching from Maine to California, and across the Pacific to China and Japan. It was enough to make any man proud. Dr. Horner had prepared his report in duplicate, having them nicely bound, one for each of the honored physicians.

To Dr. E. H. Jewitt was assigned the pleasure of presenting Drs. Sanders and Beckwith with a substantial token of love and appreciation the committee had provided two massive solid silver loving cups, each with three beautiful horn handles. On these was engraved this sentiment, "Presented by his colleagues, confreres and students as a token of their high esteem for him and their appreciation of his life-long devotion to medicine and to humanity."

Dr. Jewitt was exactly the right man for this task. In addition to being gifted with a happy faculty for making an after dinner speech he was particularly the man for the occasion, because he followed closely Dr. Sanders's work in the college. For years Dr. Jewitt has been teaching obstetrics, and it seemed very fitting that his successor should be chosen the one to eulogize Dr. Sanders. All of the speaker's address was well put. He spoke of Dr. Beckwith's loyalty to his fellow physician, and his steadfastness and sturdiness in upholding the great truths of Homœopathy. He complimented him in the highest terms for the great work he had accomplished for homœopathic institutions. It was a beautiful tribute. To. Dr. Sanders he spoke as a loving son to an indulgent and more loving father. His words breathed affection and pathos. It was a scene well worthy of life-long remembrance.

Dr. Beckwith in responding, with a voice choking with emotion, thanked his friends for this evidence of their esteem. In his splendidly dignified manner he spoke of his life's work and of this as a culmination of which he had never dreamed.

He spoke of the fact that Dr. Sanders and he were born in the same year, in the same county, attended the same school and church began to practice in the same town, finally located for their life work in the same city; lived for years on the same street within a block of each other; worked in and for the same hospital and college, and now each was given the same honor. It was a wonderful series of coincidences.

Dr. Sanders in expressing his appreciation of the honor dropped at once into poetry, and he will be pictured by the two thousand students, who have graduated from the Cleveland College during his connection with it. His reply was beautifully put, characteristic of the man and his attainments.

The evening closed with felicitations and good wishes from all to the worthy guests.

We could not close our report without a reference to the tributes received from Prof. J. D. Buck and Prof. Chas. E. Walton, of Cincinnati. They are well worthy of presentation to our readers:

John and Dave.

'Twas many and many a year ago,
When John and Dave were young;
We thought them old at forty then,
When our college songs were sung.
They seemed so wise, and hustled round,
And seemed to own the town;
They're with us still, the same old boys,
Time cannot turn them down.

If they hustle less they get there still,
Like glad October days,
With ripening harvests for the mill
And mellow Autumn haze.
The promises of youth fulfilled,
Rich in lovers' glad content;
Good deeds, grand thoughts like wine distilled,
Such is their firmament.

Four score seems such a little time
When mile posts gather fast;
Youth fills life's cup with sparkling wine,
The sweetest drop the last.
So here's a health to Dave and John,
Fond memories of the past,
May all life's hopes be realized,
And the sweetest drop the last.

J. D. Buck, '64, C. H. M. C.
October 6, 1905.

To Doctor B. and Doctor S.

When age creeps on apace, and frosts the heads
Of those we love, we stand before them then
Uncovered, and tribute pay, not to age
Alone, but to the worth, long recognized,
Of those we hold enshrined in Memory's
Halo. Eighty years young are ye, or, men of
Ancient birth! Actions, not years, attest your
Youth. Live on! If you do this long enough
You may be old sometime. Not now! Not now!
We hear the "All things equal" of the one,
And from the other necrologistic
Praise of others gone before. The logic
Of the first has premised many a truth:
The truth of the second has rendered Death
Less terrible to those who hear and wait.
We pledge our love to you, old friends, and name
Your flower the Amaryllis as token
Of our hopes. We wait the Century's bloom.

Chas. E. Walton.
October 6, 1905.

[We present here Dr. Hinsdale's response —Ed.]

"The Thoughts of Men Are Widening With the Process of the Suns."

BY W. B. HINSDALE, M. D., ANN ARBOR, MICH.

To say that I was highly pleased upon receiving notice of this celebration is giving only moderate expression to my emotions. For the delightful privilege of meeting upon this auspicious occasion, and by gastronomic, vocal and memorial demonstration extend our compliments and express our joy to our one-time and long-time venerable teachers, and experience that incomparable token of friendship, the magnetic thrill of their glad hands we are truly thankful. When in a later note from our toastmaster, whose eithtieth anniversary we expect to celebrate in fifty years from now, I was invited to respond to this sentiment my sensations were of a different order. To give testimony of appreciation is a simple matter, but to mingle such courtesies with the thoughts that the occasion suggests and before so intelligent and sympathetic an audience as this requires a felicity of expression quite beyond my capacity.

However there may be a fitness in asking some of us from a distance to participate in making the addresses, not because there are lacking any number of Cleveland people who can do it perfectly, but perhaps, to indicate that the influences of these dear friends have been carried and transmitted beyond local bounds. Since I left Cleveland and the old college ten years ago I have had something to do with teaching medicine to students, and have mingled more or less with my professional colleagues. Since my connection with it there has not a student graduated from the school in which I am now a teacher who has not heard me repeatedly give Dr. Saunders, my learned old professor, as authority for important statements. In my work in medical committees and societies many times I have had occasion to fortify my position by saying, "No less an astute and clear-headed man than Doctor Beckwith, of Cleveland, taught me these views." It is needless to say that that clinching argument always caused me to prevail.

The hundreds of alumni who have gone out from the Cleveland College, whether they are testifying by their presence here at this time or are present only in spirit, will bear you substantially the same evidence. No two, of course, are doing exactly the same things, and consequently are not responding to the great forces behind them in the same way, but all of them are still acting upon lines that were influenced by these two men.

Every person has a horizon upon which he looks out. The horizon of one may be very circumscribed and insignificantly narrow, or of another a broad panorama of delightful views. One man's life may be pessimistic and selfish, another's sympathetic and influential. For the first class no one gives banquets and to them no toasts are proposed. The horizons which our esteemed octogenarians survey, wide as they are, are not the limits of their influence. Influence carries farther than vision. Every one of their many disciples, friends and neighbors is a medium of conveyance to secondary centres of dissemination. Each of us is a reflection of a little light, as attenuated as some of us confess our scintillations may appear, that has been cast upon us.

For another illusteration we may compare society to a massive architectural structure. In it each part sustains some relation to others. Some are essential, others not so. When he looks at the walls of a great building one is impressed with the sustaining buttresses and the supporting foundations, likewise with the ornating minarets and other embellishments. Remove any of the supports, the structure topples; do away with the other, it lacks beauty. It is not given all of us to either uphold or ornament. But who that is familiar with the history, in the city of Cleveland, can say that our patriarchs have not both buttressed and ornamented our profession? We have it from tradition that fifty or more years ago it required substantiability and strength to hold up the walls of a building that was then in its formative stage. During the few past decades we have needed no traditional evidence as to who have been the pillars of our temple.

We read in another place in Locksley Hall: "In the spring a livilier iris changes on the burnished dove."

We learn from ornithologists that the plumage of birds grows richer with age. Think, then, of the resplendent sheen on the wings of a pair of doves eighty years old.

It is an optimist who sees that

"Through the ages an increasing purpose runs,
And the thoughts of men are widening with the
process of the suns."

I believe such has been the vision of Doctor Beckwith and Dr. Saunders. Let us see. Besides the developments that have been made contributing to human comfort in the application of mechanical contrivances and refined commercialism, how wide a vista has commenced to open in the last half century? Chemistry has developed largely, and its principles been applied to dietary and sanitary improvement. The world of infinitesimal life that lurks in the field of the microscope has been invaded and the causes of epidemics, plagues and pestilences emptied from the phials of wrath that Providence was supposed to frowningly hold in store for the children of his creation. Nearly all diseases have lost their mystery, and been found to be due to determinable causes and to be controllable by scientific methods. Surgery has developed from a bungling trade to an exact science, and the suffering that it ameliorates is a marvel. A gross pharmacy has been modified so that nearly all physicians dispense tolerable, and many more of them more beneficial medicines. Sociology has developed into a science. The relations between individuals have been worked out and made so plain and important that he is a very ignorant man, indeed, who has not a fair conception of his public duties and of the claims in the interest of social betterment that the public has upon him.

A democratic cordiality has improved applied ethics, especially medical ethics. The barriers of fanaticism and bigotry have been lowered materially.

It is not necessary to put any more citations to demonstrate that this is especially an age of widening thoughts and rising suns. I am sure that every man who is animated by the dominating spirit of the age, by the spirit of active, reassuring hopefulness by the spirit that lends beautiful and perennial bloom to all stages and periods of life, needs no further references to either science or art in verification of the truth of our sentiment.

It certainly has been a delightful accident of birth that has cast the lives of us all in this era of human awakening, particularly so to those who have had opportunity to survey so much of it as eight-tenths of a century. May their pleasant paths be still much lengthened and continued happiness attend them.

Current Literature.

Conducted by J. Richey Horner, M. D., Cleveland, O.

Belladonna on the Ear, H. P. Bellows; **on the Eye,** J. L. Moffat; **on the Nose and Throat,** G. B. Rice, Hom. Eye, Ear and Throat Journal, September, '05. **A Study of Staphisagria,** J. M. Moore; **Carbo Vegetabilis,** J. N. Majumdar; **Lilium Triginum,** M. E. Douglass, Amer. Phys., September, '05.

If any doubt existed as to the revival of Materia Medica study an inspection of the September homœopathic journals must remove it. In nearly every one there is an article on this subject, in some more than one, and the two from which the above titles are taken devote almost all their space to the subject. If this means anything, it means much. When we consider that the homœopathic school is essentially a school of therapeutics, and that the present recognized superiority of its work is due to the proper application of the homœopathic remedy, no more need be said as to the necessity for remedy study and close adherence to the law of the similars in its application. If there had not been enthusiasm among the early practitioners of Homœopathy, its greatness would never have been realized, and it would have been merely a passing fad. From this twentieth century viewpoint no man can predict its future, but he can say that if the solidarity of the school is to be maintained it must be through its use of remedies homœopathically. Nothing else can do it. Hence it comes well in hand that our representative body has provided for a careful reproving, and an analytical study of the remedies in use. To the honor and glory of the O., O. and L. Society it is that the initiative was taken within that body, and to the lasting credit of H. P. Bellows is it that he fathered the movement. In providing for the winnowing out of superfluous material in this way the provers have recognized what has long been a crying need.

This report on the reproving of Belladonna shows this need conclusively. It contains only symptoms which result from the reproving, no symptoms from any other source being quoted. The difference between this record and that in Allen's Encyclopædia can be appreciated when we note the author's statement that less than one-fifth of the authorities cited in the latter relate to provings, and even in the Cyclopædia of Drug Pathogenesy the number is only one-half. In Hering and Allen combined there are 79 symptoms referring to the ear, only 6 of these being objective. In the new proving 152 symptoms were reported, 19 of them objective. Of the 79 in the old record, 36 have been verified in the new, 35 are in general harmony with it, 4 are probably erroneous, and 4 are duplicates.

"I do not think it can be said that any of the therapeutic applications which we find indicated by our proving, were not, at least, suggested by some one or more of the older symptoms; but whereas, they were but therapeutic hints or suggestions before, they become now definite indications, with sharply cut and plainly marked distinctions which never before existed. It is in its practical application that the quality of our work is best seen and appreciated, and the difference between it and the work of the past made most apparent."

"In the record of the proving note has been carefully made of the order in which the symptoms developed. In the narrative of each proving the aural symptoms appear as they have developed in relation to other symptoms appearing elsewhere in the system."

The author arranges the symptoms under four general heads, viz.: General, external ear, middle ear and internal ear. Congestion runs through the entire list with all the symptoms following this condition. It is a study well worth reading. As an index of what may be expected from the Bureau of Reproving it augurs well. The author closes his article as follows:

"In concluding this synopsis of the therapeutical adaptability of Belladonna to diseased conditions of the ear, let me remind you that the indications presented are derived solely from our own reproving, without relation to any other provings which have previously been made and without drawing in any way upon empirical experience. Let me ask whether, as the result of this proving alone, we have not a far clearer perception of the sphere of action of this drug, as applied to aural disease, than ever before. Let us now proceed to apply the remedy in strict accordance with these indications, and those pertaining to the system at large which guide us to its selection, and thus, in a strictly scientific manner, complete the circle of evidence which demonstrates the truth and reliability in practice of the therapeutic law that a drug which is capable of producing certain morbid conditions when administered to a healthy human being may be depended upon to correct and cure such morbid conditions when they arise from natural causes and when the drug is administered in attenuated form."

Dr. Moffat introduces his review of the work done by his provers in relation to the effects of Belladonna on the eye with quotations, showing the curative effects experienced by the provers.

"Eyes have felt better and been stronger while taking the drug, in spite of using them almost constantly.

"Eyes stronger than usual; was able to read in spite of headache.

"Able to do more with the eyes than ever before; drug greatly benefits eyes; much less asthenopia.

"Ocular and palpebral conjunctiva became normal (inflamed at beginning of proving)."

"The proving adds to our knowledge of the effect of Belladonna upon the eye, so far as we dared push it; confirmation was obtained of congestion of the retina and optic nerve, of inflammation of the lids and conjunctiva with increased secretion and photophobia, mydriasis and weakened accommodation: tension is increased.

"Our new knowledge of the drug is its disturbance of the muscle balance; exophoria is decreased, and esophoria increased at distance and in accommodation."

"Even without our clinical experience with this drug, the proving would warrant the expectation that Belladonna can cause and cure optic neuritis, retinitis, iritis, conjunctivitis, blepharitis, mydriasis, increased tension, paresis, paralysis and spasm of the ciliary muscle and esophoria.

"But as the secret of Homœopathy is the individualization of the case subjective symptoms are necessary to successful prescribing, and the more peculiar the symptoms the more apt it is to be of value in selecting the remedy."

It would be interesting and instructive to take up in detail the symptomatology of the drug as recorded by Dr. Moffat, but space forbids. Suffice it to say that the record bears on its face evidence of careful preparation and scientific accuracy, and, therefore, of immense value.

Dr. Rice goes into comparative details rather more than either Dr. Bellows or Dr. Moffat. He compares the effects as reported by his provers with those recorded by all the authors in Materia Medica, and his paper is, therefore, of peculiar value. He considers also clinical symptoms, though not including them in his study. This we think eminently proper, believing it to be decidedly unwise to ignore all the information obtainable from this source. He gives a full list of unconfirmed symptoms, that is, symptoms found in the Materia Medicas extant, and not reported by his provers. This is interesting, and tempts us to wholesale quotations from the article. His second list is one of symptoms in the new proving additional to those found in the authors quoted. This is rather more interesting, and should be studied carefully. The article is thus made up of a symptom study which is valuable. In fact, all three articles are important additions to our stock of materia medica knowledge, and as such should be freely circulated. This is to be accomplished in the form of a book, which is to be issued as soon as the quantity of available material warrants.

Judging from Dr. Moore's article, Staphisagria is a much neglected remedy. Comparatively few of our practitioners use it. This remark applies particularly to the younger generation. A count would, we have no doubt, show that few lectures are given, and the average man would send his cases to a dentist rather than trust to this remedy for the cure of toothache. Yet the author says "I have never failed to obtain relief to my own sufferings from that wearing, wearying, worrying pain of all varieties called tothache, and I have seldom failed to relieve or cure the large number of sufferers I meet at the great tobacco factory where I am medical officer." Yet, "In the last thirty years only three articles and papers have been devoted to the subject of my present contribution." Rather surprising, isn't it?

The doctor makes a careful study of the remedy as regards its action in one particular line, toothache. He compares it with Plantago and Rhododendron, giving a synoptical chart of the dental symptoms of all three remedies. In ninety per cent. of his cases of toothache he uses Staphisagria with prompt success, Plantago coming second, and Rhododedron third, in order of merit. He cites typical cases under each remedy; the entire article being of unusual interest.

What a grand remedy is Carbo vegetabilis. Really it may be said to have to its credit more lives saved than any one other remedy in the Materia Medica; at least, when these lives seem to be doomed to end, oftentimes this remedy has been the means of starting the patient on the road to health. Dr. Majumdar justly praises it, and claims for it decided efficacy. "The signs and symptoms of decay and putrefaction are the leading indications for its medical use." The doctor has used it extensively in cholera, which disease he has treated almost constantly during his life-long residence in India. He uses the thirtieth potency exclusively, though at times he has employed the 200th with markedly efficacious results. This, too, is an article which may be read with great profit. It is a clear exposition of the merits of this valuable drug, and shows it to be one which should be employed much more extensively than usual. Note particularly the potency used.

Dr. Douglass shows Lilium tigrinum to be almost exclusively the woman remedy. "The symptoms all point to the reproductive organs as the starting point of its pathogenetic effects. Select almost any symptom at random from its pathogenesis and you will be able to trace it back to its origin in the generative organs." Judging from what he says about it, scarcely any woman should be treated without first studying Lilium in connection with her case. There is certainly here a broad field for its use.

The Family Physician.

PERCY WARNER, M. D.

Amer. Phys., Sept., '05.

There has been a good deal recently said about the "old time family physician," with the accent on old. And there can be no question but that this age of specialism does make a decided change in the status of the physician in his relation to what may be termed family practice. A layman recently said in a book devoted to "doctors and his works" that the "doctor does not hold in the estimation of the public anything like so good as that he held fifty years ago." Dr. Warner quotes this in his article, says de does not believe it, and passes on to other points. For ourselves we are free to say that it cannot be true. But the doctor is regarded from a far different standpoint, especially the specialist. The demand for specialists arises from a realization of the fact that the field of medicine has grown so broad that no one man can ever hope to know it all. All he can do is to study some one part of it, and in that part make himself as perfect as his ability allows. In other words, he must become a specialist. True, this does tend to blot out the general practitioner, but what are you going to do? And in other professions the same tendency is found. In law we have the corporation lawyer, the criminal lawyer, the lawyer who takes only cases in the civil courts, the consulting lawyer and what not. Even in the church the evangelists and financial workers and educational workers are found. All law fifty years ago was known by the lawyers, and the preacher was pastor, conducted all the revivals and raised the money. So we doctors are not alone in the specialist act.

But our essayist discusses the subject from another standpoint, that is, whether or not so much confidence is placed in the family physician as was the case in former years. He is rather of the opinion that the patient does not have this confidence, and ascribes it to two things, the fact that the average patient of to-day knows more about matters medical than did the average patient of fifty years ago, and again to what he believes to be a fact, namely, that the average physician does not study his patient's peculiarities and idiosyncrasies as did the average physician of fifty years ago. Both of these statements are, we think quite true. The average man is better read about himself, knows better what he should be than formerly, and in our opinion this study of oneself began at the time when President Garfield was shot. His was the first case reported fully and minutely in the papers, and the general reader began to look into his cyclopædia and his dictionary and his domestic medicine book to find out what all these things and statements and bulletins meant. About that time, too, perhpas a little earlier or later, the public school began to have physiology in their curriculum, and the boy of that day is the present man. Hence he knows something about himself, and sometimes knowing a little means knowing all, in personal estimation. With this knowledge comes quite naturally the feeling that the doctor does not know so much more; hence a certain lack of that unquestioning respect and reverence of which we have read in our books.

Dr. Warner thinks we doctors are in danger of forming a "mechanical habit," not only in our methods of treating disease, but in our viewing of disease. We are too apt to "label" patients and treating them according to label.

Then he moralizes a bit. He wonders "what good am I doing these unfortunate people? Is it posible that I might have done or be doing more for them?" and he says that "there is not only the practical, material advice which we give, that which is based on sensible, reasonable reasoning knowledge and experience, but there is the imponderable, insensible, more or less unconscious, which we may exercise upon him." And the doctor is right. There ought to emanate from every doctor towards his patient a something which shall make that patient a better man, personally, morally. The whole influence ought to be elevating to be for the good of that patient. "The visit of the doctor should tend to put him into a condition of rest. By rest I do not mean doing nothing, torpidity of mind and body, the condition which is allied to that kind of rest which all come to when functions cease. The rest I mean is living, life-giving. It has been called 'easy working.' Harmonious actions of all the vital functions of the body. To produce it every energy is required, the energy of control, and it is this controlling energy which the visit of the doctor helps to develop in the patient."

He closes by referring to two things which in addition to our knowledge and experience give confidence to the patient, "the power of real sympathy and the power of real hope."

We were much interested in this quite philosophic discussion of a very interesting subject. It is quite out of the usual run of magazine articles, and deals with thoughts which must come to every man as he goes about on his daily round. Perhaps it would be well if more such articles found their way to the printer.

Societies.

EASTERN OHIO HOMŒOPATHIC MEDICAL SOCIETY—FALL MEETING.

The fall meeting of the Eastern Ohio Homœopathic Medical Society was held in Salem, Ohio, October 18, 1905. About fifty members were in attendance at the session, which lasted through the entire day. Several new members were elected. The regular program of scientific papers was preceded by the reports of various committees. The most important of these was the Committee on Organization. To this committee was entrusted two duties; first, that of the organization of new societies or clubs among the physicians in the section of the State embraced in the limits of the work of this society. The committee reported progress, expressing the belief that the plans under way would result in the formation of several new societies in the near future. The other duty was to investigate the status of a reported proposition to bring about an affiliation of the two homœopathic medical colleges with the State university. Communications had been received by the committee from the presidents of both universities at Columbus, stating that no direct proposition had been made regarding such affiliation, and that it was not possible without special acts of legislation authorizing the same. This seemed to the society to put an effectual quietus on the plan. It is but just to say, however, that the idea had been broached unofficially to a former president of the Ohio State University, and had met with a somewhat favorable response.

Dr. H. F. Biggar, in re the question of organization, presented to the society the matter of a dissemination of the prize essays published by the Medical Century, and urged that the officers carry out the instructions given at a former meeting, when the purchase and distribution of two hundred copies were authorized. He called attention to the fact that the editor of the Medical Century had prepared statistics representing the results of homœopathic and allopathic treatment of various diseases compiled from all sources beginning with the introduction of Homœopathy in 1796. On his motion the committee was authorized to draw upon the treasurer for a fund sufficient to distribute these as seemed wisest. The committee is composed as follows, viz.: Dr. J. Richey Horner, Chairman; Drs. G. B. Haggart, N. T. B. Nobles and H. F. Staples.

Dr. Staples reported the formation of a society with nine members, located in the western part of the city of Cleveland,. who are making an especial study of Homœopathy.

The absence of several gentlemen who were on the program for papers led to a motion by Dr. L. E. Siemon, that the program be limited to six papers, and that absence of an appointed essayist would be considered sufficient reason for refusal to make similar appointments for future meetings. The society expressed its belief that injustice was done attending members by carelessness in this respect, and that the program should be made up from those who keep their promises to attend and read papers.

Dr. H. D. Champlin, of Cleveland, read a very carefully prepared paper on "The Thyroid Gland." It was strongly scientific, and discussed the subject from the standpoints of anatomy and physiology, pathology and treatment. It was ordered printed in the official organ of the society. A spirited discussion followed, bringing out the fact that Lapis alba 12 and Magnesia phosphorica 6 had been used in internal treatment. Operative treatment was strongly advocated in simple enlargement of the thyroid by Dr. N. T. B. Nobles. Drs. M M. Catlin and Katherine Kurt advocated treatment by internal remedies.

Dr. J. Richey Horner presented the subject "Mental Defectives Among School Children," calling attention to the fact that about oneper cent. of school children were found to be unable to advance with their class, and that there was need for special instructors in order that they might be properly cared for and prevented from becoming dependent upon the State later on in life, or even criminals. He urged the personal agitation of this subject by members, each in his own town, in order that such provision be made.

Dr. Verner S. Gaggin, of Pittsburg, Pa., the guest of the society, read a fine paper on "Present Status of the X-ray." Dr. Gaggin is X-ray specialist to the Pittsburg Homœopathic Hospital, and as such has abundant opportunity for observations which confirm his statement that the field of the X-ray is an increasingly broad one. The paper dealt with the subject in such a way as to show him to be a keen observer and a skilled operator.

Dr. H. F. Biggar followed Dr. Gaggin, quoted cases of treatment by X-ray.

Dr. Geo. H. Quay, of Cleveland, read a very interesting paper on "Wax Injections in Saddle Nose " He gave a full description of the technique of the operation, illustrating his paper by the quotation of a number of cases upon which he had recently operated.

Dr. H. F. Staples, of Cleveland, presented a report of a "Case of Eclampsia." It was interesting and instructive, emphasizing the importance of prompt and thorough treatment.

This closed the program.

Drs. T. T. Church, Schiller and Schwartz, of Salem, were untiring in their efforts to provide for the guests.

A beautiful dinner was provided by Dr. Church, assisted by the ladies of his household.

Adjournment was had at a late hour, all voting the day pleasantly and profitably spent.

H.

Homœopathy Explained.

By John Henry Clarke, M. D. London, 1905 Homœopathic Publishing Company.

Dr. Clarke, that indefatigable English worker for Homœopathy, has given us another excellent work on Homœopathy. It contains a number of interesting chapters, any one of which would make an excellent pamphlet for homœopathic propagandism if put into the hands of the laity or student of Homœopathy. We are believers in this kind of work, and we would like to see more of it done on this side of the Atlantic. We can heartily commend the work. At the risk of displeasing some of our good friends in England, we will say that we would be glad if Dr. Clarke would write up a series of short articles that might be reissued in pamphlet form for propagandistic purposes. Besides the extensive reading the Medical Century would give them, we believe that our readers would take hold of them and distribute them with a free hand, especially if they could be issued at a low price.

Applause for a Coroner's Jury

Upon its giving a verdict seems strange to us. We do not recall having read a report of anything of the kind in this country. The British and Colonial Druggist however, in a recent issue, concluded a long report as follows: "The jury then retired, and after a very short consultation in private they returned and gave the following verdict: 'The children died from exhaustion after vomiting and diarrhœa set up by taking liquozone. (Applause) We wish to add our deep sympathy with the parents, and also think that some representation should be made to the proper authorities to have some better supervision over the patent medicines.' "—Am. Med.

Telephone Directories and Ethics.

The old question of professional ethics, as applied to advertising by physicians, is agitating the New York County Medical Society. The trouble is due to a large number of the society's members, including the president, paying to have their names appear in a telephone directory, in what are declared to be advertisements. It is the unwritten law of the County Medical Society that no physician shall advertise, display a sign telling of the specialty he practices, or even note his work on his professional card. Several of the members of the society are insisting that the offenders be expelled.

The United States Pharmacopeia.

The eighth revision of the U. S. Pharmacopœia has just been issued, and its provisions went officially into effect September 1, 1905. Among the changes made those of especial importance are in the strength of the tinctures of aconite, veratrum and strophanthus. The strength of tincture of aconite has been reduced from 35 per cent. to 10 per cent., and that of tincture of veratrum from 40 per cent. to 10 per cent. The strength of tincture of strophanthus has been increased from 5 per cent. to 10 per cent. These changes have been made in order to conform to the standards adopted by the International Conference on Potent Remedies held at Brussels in September, 1902, the object being to make uniform the strength of potent remedies in all parts of the world.

A New Field for Radiotherapy: Goiter Treatment.

Goiters should react very favorably to treatment with Roentgen rays, inasmuch as they are covered with only a thin layer of tissue, so that a large part of the active rays is able to penetrate the glandular structures, and because they contain many abnormal cells, which, according to our experience with other structures, are easier destroyed by Roentgen rays than normal cells L. Goerl exposed eight patients afflicted with goiter to the Roentgen rays: in the first patient's case the neck diminished two inches after four exposures lasting ten minutes each; after some months the lateral enlargement had entirely disappeared. In all the other cases the neck improved in appearance, and many of the subjective symptoms disappeared. The length of time of the treatments was never greater than ten minutes, the distance was usually ten cm., and the interval between treatments was from four days to three weeks.—Am. Med.

Tuberculosis Among Negroes.

The New York Health Department has set aside a special evening class for the treatment among negroes of this disease, which destroys half the adults of this race. The establishment of this class was due to the request made by the colored physicians of the city. All of the physicians in attendance are negroes, and there is a colored nurse. Treatment and medicines are of course free. Colored patients may also attend the other classes of the department's clinic for the treatment of communicable pulmonary diseases, which are open daily from nine till four.

Eye Affections Dependent Upon Diseases of the Teeth.

Hugh Blake Williams draws our attention to affections of the teeth as the cause of various eye troubles, some of them of considerable severity. The distribution of the fifth nerve an dthe proximity of the superior maxillary bone to the orbit, and the continuance of the periosteum of the orbit with that of the alveolar process, with the course of the angular artery and certain veins, indicate to us the means by which the morbific influence is carried The passage of bacteria from the mouth, by way of the nose into the conjunctival sac will account for inflammations of the conjunctiva and cornea. Such serious affections as cellulitis and abscess of the orbit, strabismus, ptosis, paresis and spasm of the eye muscles, have all been traced to the teeth. Alveolar periostitis may extend to the orbit. The author describes cases of blepharospasm, strabismus, insufficiency of the external rectus, and headache which he has had under his care, in which the treatment of carious teeth cause the eye symptoms to disappear.—The Illinois Medical Bulletin.

An Acute Illness Following Inoculation With Antityphoid Vaccine.

W. J. Lindsay reports the case of a ship's surgeon, aged 29 years who was inoculated once with the serum. There followed only slight local soreness and stiffness. Three months later he was again inoculated under the usual antiseptic precautions in the subcutaneous tissue of the right side of the abdomen. Headache came on six hours later with the gradual development of a general malaise. On the third day evidences of local inflammation were noted at the inoculation site. A general septic condition now supervened, but after eleven days he was out of danger. The convalescence was uninterrupted except for a mild attack of urticaria at the end of the second week. Three possible diagnoses were considered by the physicians in attendance on the case, true typhoid infection, atypical typhoid, and toxæmia following inoculation. Throughout the illness resembled a moderately severe attack of typhoid fever, while the typical symptoms—bronchitis, rash, splenic enlargement, tumidity and tenderness of the abdomen and diarrhœa—were absent; the headache, insomnia, restlessness, marked prostration, the absence of physical signs of any demonstrable lesion, and the range and type of the temperature, all pointed to the possibility of typhoid fever. Moreover, the convalescence approximated to that following a mild attack of typhoid fever. Although there were no complications except the urticarial attack the feeling of weakness was prolonged and the normal health was not regained until six or eight weeks later. In general terms the author is skeptical of the prophylactic efficiency of antityphoid serum, and is by no means disposed to regard its employment as a trivial matter.—Medical Record.

The Principles and Practice of Medicine.

By William Osler, M. D. Sixth edition. New York and London: D. Appleton & Company.

This edition of the well known and standard work of Prof. Osler has been thoroughly revised, and many chapters have been rewritten and much new matter added. In this edition special attention has been given to new points in treatment, and it thus represents the very latest and best of old school treatment. The publishers have, in spite of the added material, kept the book within the limit of a single compact volume. We do not know of any book in medicine that has had a wider popularity and larger sale than Osler's Practice. It has been adopted in nearly all colleges as the textbook, and even in our own colleges it stands as the first book of reference.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... Editor.

J. RICHEY HORNER, A. M., M. D. Current Medical Literature.

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NOVEMBER 1, 1905.

Editorial.

YELLOW FEVER AND TYPHOID FEVER.

The epidemic of yellow fever which visited New Orleans the past summer attained no alarming proportions, the number of cases not reaching 4,000, and the death rate did not exceed 15 or 20 per cent. The average mortality under homœopathic treatment does not exceed 6 per cent. Could all of the cases in the New Orleans epidemic have received homœopathic treatment, the mortality would have been insignificant considering the terrible scourge the disease yellow fever is. These four thousand cases, however, set the world ablaze, and caused the health officers in various ports and cities to keep a strict lookout for danger signals. It was doubtless largely due to this activity that the disease was confined to a few parishes of Louisiana and lower Mississippi.

Dr. Eugene H. Porter, the Health Commissioner of the State of New York, in his address at the sanitary officers' conference held last month in Albany, called attention to the fact that there had been reported the enormous number of 60,000 cases of typhoid fever in New York State since January 1, 1905, and that in Greater New York City alone there had been 500 deaths from this disease.

Considering the respective population of the two States, there are three cases of typhoid fever in New York to every case of yellow fever in Louisiana, and were typhoid fever the scourge yellow fever is, and were it communicated and spread with the rapidity of the latter pest, its ravages would be terrible indeed. The climatic conditions of the two States for staying any epidemic are greatly in favor of the North, so we can but congratulate the health authorities of Louisiana on their handling of the epidemic.

Commissioner Porter in his address points out the dangers of the continued and growing pollution of the waters of the State, resulting from the discharge of sewage into public waters, and denominates typhoid fever as a hygienic crime. He shows that summer resort hotels are a menace to their guests, and that large numbers of the cases of typhoid are contracted by city visitors to the country, and is to take energetic measures to lessen this evil.

It would be an interesting question for some of our climatologists and meteorologists to determine why it is that a severe epidemic in the South of yellow fever has always been co-existent with an epidemic of typhoid in the North; for it is not only in New York that typhoid fever has so greatly increased, but in all parts of the North. Atmospheric conditions, we believe, are often as accountable for the spread of epidemic diseases as bacteriological conditions, but while the former cannot be controlled the latter can and the push and energy of Commissioner Porter to this end is surely commendable.

For many years physicians in the city have recognized the fact that the annual exodus of the city people to the country resort has been followed by much sickness, and that the busiest time of the year for the doctor is that succeeding the return to the city in the early autumn. The correcting of the causes of this status of affairs, when the opposite should obtain, will be a noble work. The cleaning up of the Empire State is in good hands, and there is plenty to do.

ORGANIZE—CO-OPERATE.

There are some things about which too much cannot be said, and likewise there are some things which cannot be too often brought to the attention of those whose duty it is to be interested. As we view the situation to-day of the homœopathic school of medicine, one of those things is the absolute need for systematic and energetic work along the laws of organization. There is no business house in the country which is successful and growing which neglects for a minute the work of thorough organization of its forces. It is a case of keeping everlastingly at it. It's the only thing that prevents disintegration and failure. The same necessity is found in the handling of large bodies. The homœopathic school numbers upwards of twenty thousand physicians, each one of them vitally interested in keeping the school in front. And of this number how many are interseting themselves in the work? Some, of course, but not near enough. The Illinois Society has done a splendid work during the past year. Stimulated by the fact that they were the hosts of the Institute they worked like beavers, and as a result there are to-day three new societies which are doing excellent work, and several more in embryo. That's the kind of work which should be done in every State. There are State societies in thirty-three States. If each one should organize, say, three local societies, that would mean one hundred new bodies whose strength would be exerted in stimulating the spread of the doctrines of our school, and if the average number of members was twenty-five it would mean that twenty-five hundred men and women were personally engaged in the work. That, of course, in some of the States is not possible, but the larger States should be able to organize more than three societies, which would bring up the average. It is difficult to realize that the total membership of State societies is only about 20 per cent. of the total number of homœopathic physicians in practice—in round numbers about 4,000. We have no doubt but that systematic work along the line of organization would result not only in the formation of these new societies but a notable increase in the number of State society members. It is, we believe, a fact that the old school long ago realized the necessity for this and have been for several years working along the line. The result is that to-day they are stronger than ever, and their society membership shows a decided growth.

Another effect would be to increase attendance at State society meetings. It is a fact that the average attendance at these annual meetings is about one-fourth the membership, and this, too, no matter where they are held. Very few States are so large as to require their most remote members to travel more than four hours to reach the place of meeting, and in this day of long distance telephone and telegraph and twentieth century express trains it means that every man is reasonably available in case he is needed urgently at his home. Few societies hold meetings lasting more than two days, and the excuse of lack of time for attendance ought not to hold good. There can be no question that a concerted movement for organization would be productive of good in many directions.

And it is not an acknowledgment of weakness to thus argue for the need for activity. It is the strong firms, the substantial business houses, which are continually at work among their forces. It is the strong societies which are always looking out for recruits for their membership. It is the strong colleges which are continually hustling for their institution. No one accuses Harvard of being weak. Yet its president and professors and glee clubs are "on the road" from January to January looking for strength. So it is with Yale. One college of which we have knowledge has one of its professors on the field from early spring until late summer visiting literary colleges, attending fraternity reunions, and commencements, and interviewing students by the score. Yet that college has a one hundred thousand dollar endowment for its chair of anatomy, and other means in proportion. It is not a weak college, not a bit of it. So we have no fear in discussing this subject for Homœopathy; the science of Homœopathy is stronger to-day than ever, because her field is larger, her clientele more influential, her work in the interest of humanity and humanity's sufferings more telling than ever before.

Now a word as to work along another line. The colleges, the vital points in the make-up of the body politic. How many realize the need for their support and generous treatment? How many realize that if this support is denied them and they die the whole fabric of Homœopathy is threatened with destruction? How many realize that it is the duty of every man to hustle for students, and to see to it that the medical student within his bailiwick goes right? Every college has faults. Of course, there will be no need for a medical college in heaven, but really we doubt if one there could be perfect. But there isn't half as much real fault to be found with the college as there is with the homœopathic doctor who fails to give his support by sending students. Perhaps you don't know that fewer students attended our colleges last year than in any year since 1880. Yet it's a fact. And it's the fault of these doctor-men who spend their time in finding fault with college methods rather than in hustling for students. Study the colleges and their needs and you will have less time to scold. Co-operate with them in their work, visit them, and don't forget to send an occasional student. Stop your petty fault-finding and the colleges will brace up. When an institution is not doing well there's a reason for it, and, of course, the faculty try to find the reason among themselves. This leads to differences of opinion and to a leveling of some one, so that the numerically strong are on top. Then the world talks about the fight in the college. There wouldn't be any fight if you, Mr. Doctor, did your duty and sent so many students that the college men were kept so busy they had no time to fight. Given a college with two hundred students and there would be no fight.

Co-operation, that's another thought. Why should it not apply to the colleges? Why should not each college have a certain specified field from which to draw its students, and send to another college students from beyond the limits of that field. That's something worth thinking about, perhaps it might be tried. Don't know how some colleges might think about it. What is it some poet or some one or other has said about "thinking he owns the earth?" Possibly an occasional college has such a thought concealed. But there's a suggestion there upon which the A. I H. Intercollegiate Committee might expend its brain energy.

H.

THE WORST EVER.

Yes, really it is. Here's a doctor who writes for a homœopathic journal an article which he heads "How I Treat My Typhoid Fever Cases." He is registered as a homœopathic doctor, of course. His patient came to him with a temperature of 102°, pulse 120, severe pain in the back, soreness of the muscles, occipital headache, tongue heavily coated and furred. For this complex of symptoms the doctor prescribes a tablet composed of Mercurius dulcis 1-10 grain, and Podophyllum 1-20 grain each hour, until the bowels moved freely, and the following:

℞. Verat. vir., gtt. xx.
Gelsemium, 1x, gtt. xx.
Aquæ, oz. jv.

M. sig.—Teaspoonful every one or two hours.

Now what do you think of that for a homœopathic doctor to publish in a homœopathic journal? Great shades of—well, most anybody!! But that's not all. The patient did not report—couldn't, perhaps—and the next this homœopathic writer in a homœopathic journal knew he was sent at the end of a week to see the patient, thus proving that he had survived the treatment.

The patient had a "temperature of 104°, pulse 140, face flushed, eyes glassy, pupils contracted, great capillary congestion with dark spots on the left side of the neck and face, tongue heavily coated, tremulous and dry and red at the tip, dry throat, dry, hacking cough with sharp, shooting pains through the lungs, soreness and tympanites of the bowels, slight diarrhœa. He was exceedingly nervous and apprehensive." He might well be, for this homœopathic writer to a homœopathic journal was about to make another prescription. This time all he did was to "order a tepid bath of soda water (1 dr. to the quart of warm water) every two hours, followed by a hot alcoholic rub. To the bowels we applied the hot turpentine emulsion and comp. clay dressing to the thorax, front and back, and prescribed

℞. Baptisia, gtt. x.
Gelsemium, gtt. xx.
Aq., oz. ij.

M. sig.—Teaspoonful every hour. Also twenty grains of sodium sulphite every four hours in a glass of hot water."

There you are. Talk about shotgun prescriptions. As a result of something, the good Lord knows what, "the tongue cleared in three days, and became red, dry and parched. Extreme prostration, stupid and unconscious, diarrhœa, great thirst were all present. Prescription changed to

℞. Muriatic acid, 1x, gtt. x.
Rhus tox., 3x, gtt. x.
Aq., oz. iv.

M. sig.—Teaspoonful every two hours, alternately with Arsenicum 3x."

Doen't that make you feel as if all the fools are not yet dead? Any man, even if he is a homœopathic writer for a homœopathic journal, who would be guilty of—but there let's see what other deviltry he concocted.

"When the delirium occurred it was controlled by

℞. Hyoscyamus, 1x, gtt. xx.
Passiflora, gtt. xxx.
Aq., oz. ij.

M. sig.—Every one or two hours.

"For the troublesome bronchial irritation Bryonia 1x was incorporated into the prescription. As convalescence set in, diarrhœa and unconsciousness returned. China, gtt. x, every four hours, was given."

The closing paragraph deals very intelligently with diet, and we are glad to be able even at the tail of the article to notice something intelligent. There is certainly nothing until you get to the tail.

In the first place, no homœopathic doctor could treat a case in this way. He's simple excrescent, a foreign growth, as it were. There's no sense, no rhyme, no reason in such prescribing. It belongs to no sect nor school. Even the doctor could have no faith in his remedies; he did not know what he was giving; and it's just such doings as this that brings our school into contempt and disgrace. And for a homœopathic journal to publish it shows either the editor temporarily out of town and the printer's devil in charge, or a most woeful lack of articles to fill up. Its too bad, altogether too bad, that such things should see the light of day; they are too bad for even the waste basket.

"But the patient recovered," you say. So he did, but it was in spite of the medicines and the crazy treatment he had.

H.

Editor's Table.

GENERAL NOTES.

In a group of American press humorists taken on the occasion of their reception by Mr. Rockefeller and printed in Collier's Weekly, we note the genial countenance of Dr. H. F. Biggar, of Cleveland.

Editor Kraft's account of his visit to the Pacific Coast made us long to be there. It seems that he met Dr. Sidney Worth and was impressed. It seems that he was entertained as only San Franciscans can entertain. Naturally he fell in love with San Francisco, and we expect that he is another of us who will spend his old days there. With Boericke, Ward, Kraft, Worth and Norton—for he will be there, the erstwhile Cheshire cheese will not be in it with the future gatherings of these literati, savanti, e buoni vivanti.

The officers elected for the coming year of the Pennsylvania Homœopathic Society were Dr. C. E.

Seip. Pittsburg, Pa, President; T. J. Gramm, M. D., Philadelphia, Vice-President; Anna Varner, M. D., Wilkinsburg, Pa., Second Vice-President; E. M. Gramm, M. D., Secretary. The next meeting will be held in connection with the Institute.

Mission Hill, South Dakota, is in need of a physician. There is no doctor there at present. Here is a chance to do good pioneer work.

The Detroit Practitioners' Society held its October meeting at the Russell House on the 17th. A paper was presented by Dr. M. H. Parmele, of Toledo, Ohio, on "Precision in Pelvic Diagnosis." It was discussed by Drs. Olin, Bailey, Caron, and others.

Dr. Frank C. Richardson has removed his offices to the Windemere, 1069 Boylston street, Boston.

Gratifying news comes to us from Kansas City. Since the reorganization, which was, by the way, nothing more than a few changes in the faculty, the election of new officers, though in the majority of the chairs the same professors are retained, there has been an increase in the attendance of about twenty. The Kansas City College has done good work, and we are glad to know of this increase in the attendance.

The Homœopathic Medical College of the University of Iowa reports an increased attendance of ten or twelve over last year, with prospects of a few more.

The North Western Homœopathic Medical Society of Illinois, met in Rockford, on October 8th. The physicians of this society have taken the initiative to found a tubercular colony somewhere in Northwestern Illinois. Twenty-five physicians were in attendance. Dr. F. K. Hill presided.

Ninety-two new members were added to the Pennsylvania Homœopathic State Society at its recent meeting in Altoona. This does not look as if the American Medical Association was making much headway in that State.

The officers elected by the Colorado State Homœopathic Society at its recent meeting were: Dr. G. S. Peck, Denver, President; Dr. L. A. Faust, of Colorado Springs, First Vice-President; Dr. C. E. Tennant, Denver, Second Vice-President; D. J. B. Brown, Denver, Secretary, and Dr. U. A. Sharetts, Colorado Springs, Treasurer.

A report on the use of Scopolamine-morphine combination as a general anæsthetic was one of the important papers read at the Pennsylvania State Homœopathic Society by Dr. E R. Gregg, of Pittsburg. It has been extensively experimented with in the Homœopathic Hospital of Pittsburg.

Dr. G. B. Larkeque, of Athol, Mass., is to dispose of his practice and spend the winter abroad. The doctor is one of the successful homœopathic physicians of Northern Massachusetts.

Dr. W. A Humphrey, of Toledo, is delivering a course of lectures on typhoid fever at the homœopathic department of Michigan University.

Mr. W. B. Saunders, the well known publisher of medical books, died on October 2d. We learn that the business it to be continued under the old name.

Dr. W. M. Dake, formerly of Nashville, Tenn., has removed to Denver, Col., acepting the chair of physical diagnosis in the Denver Homœopathic College.

Dr. W. H. Bishop has removed his office to 667 Madison avenue, corner of 61st street.

Besides the good news of increasing college attendance already mentioned in Michigan, Iowa and Kansas City, we learn that Boston, St. Louis, Louisville, Pulte and Hahnemann, of Chicago, have an increased matriculation this year over that of last year. In several instances this amounts to from 25 to 35 per cent.

We have not full returns from a number of colleges, but the foregoing shows that our numbers all along the line are increased. This rather gives the negation to the report in the Journal of the A. M. A., which, by omitting some of our colleges, managed to show a decrease in our numbers.

In our October issue the line in Dr. Walton's poem should read, "And from the dross of prejudice brings faith." Our apologies to the Doctor for our proof reading.

Dr. H. V. Halbert's new work on Practice of Medicine is out, and it is all right, too. We will review the same in our next issue. Meanwhile it can be obtained from the publisher, or any bookseller.

Notes About Cleveland.

Dr. John H. Fobes, of New York passed through Cleveland on his way up the lakes for a vacation trip. Dr. Fobes has several times visited the city, and each time has been more welcome than the last.

Dr. Wm. F. Rohland, Cleveland H. M. C., '02, has located at 616 Rose building, Cleveland, associating himself with Dr. Joseph A. Lytle. Dr. Rohland has had a splendid experience in the Cleveland City Hospital, where he served a year as resident physician and surgeon We predict for him a successful future.

We note the death of Dr. S. H. Bryant, who practiced for forty-years in Pittsburg. His death leaves a splendid opening for some enterprising man. His widow desires to rent his office, which is fully furnished and equipped. Those interested should write to Mrs. Bryant at 823 Carcon St., Pittsburg, Pa.

The sixty-sixth annual session of the Cleveland Homœopathic Medical College began September 17, '05, with a good attendance of enthusiastic men and women. The president of the board of trustees, Dr. Harlan Pomeroy, presided at the opening exercises, which were held in the assembly room of the college building. Prof. A. B. Schneider delivered the opening address. It was a scholarly and interesting effort, meeting the approval of the large audience present. The Dean, Dr. Gaius, J. Jones, welcomed the students and outlined the course for the ensuing year.

Each session of the college proves the popularity of the college and the appreciation of its wonderful clinical facilities. Last year's senior class contained three men who came to the college for their senior year, being attracted by the clinical work done. This year so far one man has registered for senior work, having had three years in another college. The curriculum is on a par with a full university course, and has but few equals in the country. The laboratories have been fully equipped, and good work in them is being done by both instructors and students.

Dr. A. E. Ibershoff is a newcomer in Cleveland homœopathic circles, having established himself at 822 Rose building. Dr. Ibershoff was formerly located at Ann Arbor, Michigan, having been office associate of Dr. Royal S. Copeland, and his assistant in the chair of ophthalmology and otology in the University of Michigan. He devotes himself to that specialty in his new home, and has already won a large circle of friends. He expects to take up work in the college, and will be a decided acquisition to its teaching force.

Dr. H. L. Frost, 10 Hayward St., Cleveland, Ohio, has returned from a month's vacation at his summer home on Bass Island. He has resumed his duties as professor of surgery and clinical surgery in the Cleveland Homœopathic Medical College.

Dr. F. D. W. Finke has removed from Cleveland, Ohio, to Sonora, Ohio.

The homœopathic staff of the Cleveland City Hospital has been granted a third resident in the hospital, an evidence not only of the justness and liberality of the city government, but of the favorable impression produced by the results of the treatment. This is a distinct compliment to the school.

The Cleveland Homœopthic Medical Society, Dr. William H. Phillips presiding, resumed its monthly meetings, October 25th, in the assembly room of the Cleveland Homœopathic Medical College. The following program will be presented: Toxæmias of Pregnancy, Hudson D. Bishop, M. D.; Albuminuric Retinitis of Pregnancy, Byron B. Viets, M. D.; Surgical Complications of Pregnancy and Labor, James C. Wood, M. D.; Vibratory Massage, Martha Canfield, M. D.

The semi-annual meeting of the Eastern Ohio Homœopathic Medical Society was held at Salem, Ohio, October 18, 1905, the members being the guests of Dr. T. T. Church, of that city. Dr. G. J. Damon, Medina, Ohio, is the president, and Dr. George B. Haggart, of Alliance, Ohio, the secretary.

The following program was presented:

President's Address, G. J. Damon, M. D., Medina, O.

The Thyroid Gland, H. D. Champlin, M. D., Cleveland, O.

Cough, Gaius. J. Jones, M. D., Cleveland, O.

Mental Defections Among Children, J. Richey Horner, M. D., Cleveland, O.

Present Status of the X-ray, Verner S. Gaggin, M. D., Pittsburg, Pa.

"Paper," subject unannounced, James C. Wood, M. D., Cleveland, O.

Wax Injections in "Saddle Nose," Geo. H. Quay, M. D., Cleveland, O.

Diphtheria; an Interesting Case, F. D. Smith, M. D., Cuyahoga Falls, O.

Clinical Cases, H. F. Biggar, M. D., Cleveland, O.

A Case of Eclampsia, H. F. Staples, M. D., Cleveland, O.

"Paper," title unannounced, A. B. Schneider, M. D., Cleveland, O.

The meetings of this society are always interesting and well attended, and this one, we have no doubt, will be no exception to the rule.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The long talked of sanitarium for tuberculous patients has at last been established near Rockville, Md. The project is under the care of a number of physicians, financially as well as medically, the idea being to provide suitable out-door treatment (in tents) for patients of limited means. It is too early yet to report results, but the scheme bids fair to be a success.

Washington physicians have all returned from vacation and appear ready for the winter's work.

The daily papers endeavored to persuade us that we were having an epidemic of typhoid fever this summer, hence the Homœopathic Medical Society decided to devote the opening meeting on October 3d to the above topic.

The first paper, by Dr. Dennison, upon The Localization of the Disease in the District of Columbia and the Effect of Milk as a Causative Agent, as Shown by the Records of the Health Department. The doctor produced statistics which showed about 800 cases in the city since the first of January, 1905. He said the disease was general, the cases being in each section of the city, but the majority seemed to be among the poorer residential districts and those that were the least sanitary. He was not of the opinion that milk had any special part in the spread of the disease, but was rather inclined to blame it on the Potomac river water. The paper provoked discussion from a number of the members. Dr. Marvin Custis believed with Dr. Dennison that a majority of the cases were among the inhabitants of the alleys and those careless in their personal habits. Dr. Swartout spoke of the great amount of excavation in certain parts of the city, for the new railroad Union Station, believing this may have something to do with the spread of the disease. Dr. Gilbert spoke of the water supply from the reservoir upon which they were putting repairs. His paper being on this line, The Prevalent Fever and One of Its Causes.

Dr. Munson reported twelve cases which he had treated this summer. Dr. L. B. Swormstedt spoke upon the Significance of Chills During the Course of Typhoid Fever, and mentioned one case in which a series of chills preceded the death of the patient. He also spoke of the possibility of malarial complications in those cases in which the chill occurred early in the disease.

Dr. Marvin A. Custis read an interesting article upon the Sequence of Homœopathic Remedies in Typhoid Fever, as the Result of Experience and as Gleaned From the Literature of the School.

Among others he mentioned Calcarea, Gelsemium, Baptisia, Bryonia, Arnica, Phosphoric acid, Aconite, Arsenicum, Chininum sulphuricum, Veratrum album and Opium.

The general discussion following the papers was quite interesting. Dr. Gregg Custis believes the complication of gonorrhœa with typhoid fever is extremely serious, and mentioned some fatal cases.

Dr. Riggs is opposed to the theory of infection through drinking water; he believes that the cause of typhoid is not thoroughly understood.

Dr. Macdonald spoke of the effect of the disease on the skin, bones, nerves, etc. The concensus of opinion seemed to be that the patient's receptivity to disease was one of the main factors in the spread of typhoid.

OBITUARY.

Dr. George H. Ricker,

Of Minneapolis, died suddenly of heart failure on September 23, at the age of fifty-one years. He was born in Bangor, Me., but grew up in Minneapolis, and was graduated from the Hahnemann Medical College, of Philadelphia, in 1878. He was made professor of surgery in the Minnesota State College of Homœopathy in 1888, and retained the position until his death. In 1903 he was appointed city physician.

Dr. B. F. Green,

Of Lynn, Mass., President of the Essex County Homœopathic Medical Society, died September 8th, aged 83 years.

Dr. Benjamin Bowman.

Of Chambersburg, Pa., a graduate of the New York Homœopathic Medical College, 1865, died September 21st.

Dr. C. L. Roseberry,

Of Easton, Pa., died at the age of 78. He was a graduate of the New York Homœopathic Medical College, 1861.

PROF. E. H. PRATT'S LAST CLASS.

Chicago, during the week of September 25th last, was a veritable Mecca for the disciples of Dr Edwin Hartley Pratt, who is, as all know so well, the promulgator of the orificial philosophy. The demonstrations given by him during the many largely attended classes he has held during the past nineteen or twenty years, as well as the results of the experiences of his many pupils and others, have abundantly proved the truth of his theories. The class this year contained some one hundred and fifty medical practitioners.

The attendance at the sessions of the American Association of Orificial Surgeons was very large, indeed, and the length and value of the program necessitated an extra meeting of the Association, so that it held five sessions on the three days, September 27th, 28th and 29th. Papers being read by the following: Dr. A. B. Grant, of Albion, Michigan, who, in his presidential address, gave a brief history of the organization, and also recommendations for the future management of the Association; Dr. F. E. Costain, Chicago, a most valuable essay on the "Administration of Anæsthetics;" Dr. Edw. H. Muncie, Brooklyn, on "Successful Treatment of Mental Diseases by Orificial Methods."

"The Psychic Side of Neurasthenia" was the title of a most excellent paper by Dr. H. A. Rodebaugh, of Columbus, Ohio.

Dr. Elizabeth Hamilton Muncie, of Brooklyn, told of cures made in skin diseases by the use of orificial treatment.

Dr. Ella Still, Des Moines, Iowa, wrote entertainingly and instructively of Vaginismus, and Dr. G. H. Carpenter, of Chicago, wrote at length of the anatomy of the rectum and the contiguous parts in his paper on rectal diseases treated by osteopathy.

Dr. M. K. Kreider, of Goshen, Indiana, related an odd and interesting surgical case under the title of "That Nose in the Sidewalk."

Dr. O. S. Runnells, Indianapolis, Ind., wrote most beautifully of Pratt and the orificial philosophy and what the combination had done for the medical profession in his paper telling of "Twenty Years After," and Dr. C. E. Sawyer, Marion, Ohio, wrote ably of neurasthenia. All the above papers were read at the afternoon session on Wednesday, and the evening was given over to an illustrated lecture by Dr. Byron Robinson, Chicago, at the Illinois Medical College, on the West Side, in which, by stereopticon slides from photographs, he showed some marvelous dissections of ureters, veins, arteries, ganglia and nerves in the abdomen and pelvis, "the abdominal and pelvic brain."

On Thursday, P. M., papers were read by Dr. H. E. Beebe, Sidney, Ohio, on the "Relations of the Rectum, Genitals and Urinary Organs." Dr. E. Z. Cole showed some valuable instruments for treating the sigmoidal affections when reading his paper, "The Sigmoid and Its Relation to Orificial Surgery." "Orificial Surgery as a Factor in Major Surgery" was spoken of as it can only be by Dr. E. H. Pratt.

Dr. C. G. Crumrine, Detroit, Michigan, wrote on "Rectal Reflexes From the Standpoint of the Gynæcologist and the Rectal Surgeon," and demonstrated a new instrument of his devising.

Dr. C. E. Walton, Cincinnati Ohio, wrote of the "Composite Man With an Operative Appendix" in the brilliant manner which only a Walton can do

This closed the session of Thursday afternoon, and an adjournment was had until Friday afternoon at the building of Hering College, where the clinic was held, when the program was concluded as follows: "Surgical Treatment of Rheumatism," by Dr. Emil Schone, of Chicago. Two papers, "Personal Experiences in Orificial Surgery," by Dr. A. P. Bowman, Sioux City, Iowa, and "A Typical Surgical Case," by A. B. Spinney, Belding, Michigan, were read by the acting secretary, Dr. Henry C. Aldrich. Another paper by that tireless worker and writer, Dr. E. H. Pratt, entitled "Orificial Work From Another Standpoint," was well received. "Vaginal Hysterectomy, a Trump Card," by Dr. Cora Smith Eaton, proved a trump card, as did the author. Dr. P. S. Replogle, Chicago, wrote on the "Reflex Effects From Irritation of Pelvic Organs." Dr. Eugene Hubbel, St. Paul, Minnesota, wrote on the "Endometrium." and Dr. Elizabeth Hamilton Muncie, Brooklyn, read a second paper, entitled "The Sigmoid Flexure in Relation to the Sexual System," and the scientific sessions came to a close with the paper of Dr. J. J. Thompson, of Chicago, on "Painful Urination."

The Bureau chairmen for the session were as follows:

Mental Diseases, H. A. Rodebaugh, Columbus, O.

Pædology, C. H. Goodman, St. Louis, Mo., who did not attend the meeting.

Dermatology, Dr. Elizabeth Hamilton Muncie, Brooklyn, N. Y.

Ophthalmology, C. E. Converse, Chicago, who was not present.

Orificial Osteopathy, Ella Still, Des Moines, Ia.

Surgery, S. Staads, Sioux City, Ia.

Neurology, H. E. Beebe, Sidney, O.

Orificial Clinology, E. Z. Cole, Baltimore, Md.

Genito-Urinary Diseases, C. B. Kinyon, Ann Arbor, Mich., who also was not present.

Gynæcology, Henry C. Aldrich, Minneapolis.

Gastro-Enterology, G. R. Herkimer, Dowagiac, Mich.

On the program appeared the titles of some forty-four papers, of which twenty-five were read.

The officers for the ensuing year are:

President, E. Z. Cole, Baltimore, Md.

Vice-Presidents, J. H. McElhinney, New London, O; Elizabeth Hamilton Muncie, Brooklyn, N. Y.

Secretary and Treasurer, T. E. Costain, Chicago.

It was voted to hold the next meeting in connection with the American Institute of Homœopathy at Atlantic City, New Jersey, in September, 1906, and Dr. E. H. Pratt will hold a clinic during the meeting.

On the evening of September 27th, at the Sherman House, occurred the banquet of the Association in honor of Dr. E. H. Pratt. The menu was an enjoyable one, and some ninety sat down to table.

At the conclusion of the feast, the President, Dr. A. B. Grant, introduced the toastmaster, Dr. Chas. E. Walton, of Cincinnati, who is an ideal toastmaster, and he announced the toasts and introduced the speakers in his own inimitable manner. The toasts were, "Flushing the Capillaries, a Maiden's Blush," responded to by Dr. C. E. Sawyer, Marion, Ohio. "Reflex Action, Medical Amalgamation," was assigned to Dr. Chas. Gatchell, Chicago "Terminal Irritation, a Gangrenous Appendix," was what Dr. O. S. Runnells, Indianapolis, responded to. Dr. E. Z. Cole, Baltimore, Md., replied to "All Around Work a Flying Dutchman." "The Orificial Moses," Dr. E. H. Pratt, the toastmaster had assigned to Dr. Henry C. Aldrich, Minneapolis, who, at the conclusion of his toast, presented to Dr. Edwin Hartley Pratt, on behalf of his many friends and disciples, a magnificent loving cup appropriately inscribed, and accompanying it a scroll of parchment bearing an engrossed tribute of regard and admiration for his grand work for humanity, and as a fitting close to the enjoyable evening. Toastmaster Walton recited a beautiful poem apropos to the occasion.

At the close of the clinic on Saturday, September 29th, Dr. E. Z. Cole, Baltimore, Md., presented to Dr. Pratt a goodly sized purse from the older members of the classes with the request that Dr. Pratt use the same to take a brief outing and respite from work that he might rest up from his arduous labors of the week.

Thus came to a close one of the best, if not the best, of Dr. Pratt's classes.

BOOK REVIEWS.

Manual of Operative Surgery.

By J. F. Binnie, A. M., M. D. P. Blakiston's Son & Company, Philadelphia, 1905.

The first edition of this work was sold out in six months' time, which is certainly an evidence of its value. Further, it has been adopted as a manual by the United States Army. Its present edition has been carefully revised, enlarged somewhat and improved. It has 567 illustrations and covers 655 pages. It is certainly the best work of its kind that we know of and it stand fully up to date.

Pharmacopœia of the United States.

Eighth decennial revision. P. Blakiston's Son & Company, Philadelphia.

The provisions of this pharmacopœia went into effect on September 1, 1905. Among the important changes are in the strength of the tinctures of Aconite, which has been reduced to 10 per cent. from 35 per cent., and Veratrum, which has been reduced from 49 per cent. to 19 per cent., while the strength of the tincture of Strophanthus has been increased from 5 per cent. to 10 per cent. A large number of articles have been added to this new edition, and likewise a number have been dismissed. We notice among the latter Bryonia and Pulsatilla. We can readily undertsand their dismissal, for, unless used according to homœopathic science, they are valueless, and no one expects to use any of the remedies of this pharmacopœia homœopathically. We have a pharmacopœia of our own, and a good one.

The Diagnostics of Internal Medicine.

By G. R. Butler, M. D. Second revised edition. D. Appleton & Company, New York and London. 1905.

The second and revised edition of this popular work has been brought up to date, all the necessary material added and its bulk not increased thereby. The advance of medical science has rendered many minor as well as major additions and alterations, and the edition before us represents an up-to-date publication. It is one that has been exceedingly popular, and it is likely to continue not only to be popular but to increase as it becomes better known.

Dr. Louis P. Crutcher, of Kansas City, was elected president of the Missouri Valley Homœopathic Association at the recent meeting in Omaha.

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Addresses.

THE GENERAL NATURE, METHODS OF DISSEMINATION, AND THREATENED PREVALENCE OF TUBERCULOSIS.

BY C. E. FISHER, M. D., CHICAGO, ILL.

Six hundred lives are daily snuffed out in the United States by tuberculosis, a harvest of 219,000 a year.

Baltimore last year buried ten thousand people (10,141).

Of this number more than eleven hundred died from this cause (1,186).

Nearly fourteen hundred succumbed to other lung diseases (1,336).

Consumption killed above five hundred (514) in Buffalo.

Against this 107 died from diphtheria, sixteen from scarlet fever, thirty-six from measles, ninety-one from typhoid fever, and 264 from cancer.

Tuberculosis equalled the big five together.

Chicago buried last year nearly three thousand (2,869) consumptives. Nearly six thousand more succumbed to other lung diseases. In less than a quarter of a century (24 years) that city has buried but nineteen less than fifty thousand (49,981) of her citizens from tuberculosis. This does not allow for as many more from allied disorders.

Chicago's death rate is no less than fifteen per thousand of population (14.57) per annum.

Her tuberculosis death rate is more than sixteen (16.37) per cent. of the whole.

Detroit last year saw almost four hundred mowed down by phthisis.

Only one-sixth as many died of typhoid fever.

Tuberculosis killed more than twice as many as typhoid, scarlet fever and diphtheria combined.

In 1902 Louisville lost 441 from consumption.

In 1903 you buried 449.

In 1904 the number increased to 568.

Thus in this city you have lost in three years nearly fifteen hundred men, women and children from this scourge.

Besides in these three years nearly twice that number of your people have succumbed to other lung diseases, allied to tuberculosis in relation of predisposition.

New York sacrificed almost ten thousand lives (9,278) to tuberculosis in 1904.

The total deaths of that city were nearly seventy thousand (67,923). One in seven of the entire list went down before the tubercular scythe.

Comparing New York and Louisville, the former lost one in seven of its deaths from this cause; Louisville one in five.

Rochester is as bad off as Louisville. A full fifth of all its deaths in 1904 were from tuberculosis.

Richmond gives one-third of a thousand losses to tuberculosis in a death list of a little above fifteen hundred (1,579), this classing her with Louisville and Rochester.

St. Louis contributed to the slaughter by a round thousand and six in 1900, 128 more in 1901, 111 more in 1902, 122 more in 1903, and 328 more last year.

Cleveland's mortality from tuberculosis in ten years has been nearly five thousand (4,751).

Last year it climbed to 610.

Philadelphia, long the medical centre of America, has no data upon this vital subject.

San Francisco, 1902, the latest year reported, lost above eleven hundred cases.

In proportion to its total deaths tuberculosis claims nearly 18 per cent.

Our National Capital records for last year three-quarters of a thousand (776) sacrifices upon the altar of ignorance.

For ten years Washington's average has been seven hundred and eighty-nine.

In order to make this effort authentic and ample I tried to secure data from thirty-three American cities. Only the foregoing reported.

Enough has been given, however, from New York to San Francisco, and from Richmond to Chicago, to show that phthisis is the greatest foe to mankind. It kills more than any five other diseases than can be named.

In nature tuberculosis is an infection.

Its cause is a germ.

It prevails among the rich and the poor, the refined and the vulgar, the educated and the ignorant.

Naturally poverty is a great predisponent. But many poor are healthy, many rich are ill.

Consumption is a disease of bodily impoverishment.

Gluttony is no preventive, but adequate and appropriate nourishment is a safeguard.

The taking of a "bad cold" from exposure is not often a cause, although generally so considered, and sometimes an exciting factor.

Predisposition, through a bad heredity, invites infection. But heredity itself is not a certain predisponent. (My father's parents died of phthisis, he is eighty-two, and only now succumbing to a local tubercular affection. In early life I was thought to be a victim, because of heredity, but am able to do a man's work yet.)

Unsanitary and unhygienic surroundings conduce to a condition of debility and lack of resistant power that invites invasion. But these do not cause consumption.

Phthisis, the most common manifestation of tuberculosis, and by far the most deadly, is a preventable disorder, and very frequently an entirely curable affliction.

The germ is not often found in the sputum, under the microscope, in the first three months of attack. Therefore, the absence of the specific cause in the early stage does not insure against its developing.

A slight cough in one predisposed by heredity, environment, or known infection, to tuberculosis, associated with a little rise in temperature, some loss of appetite, and the slight decline in flesh and strength should invite inquiry.

Phthisis can be best combatted before it becomes firmly established. Neglect is the precursor of danger and death.

Applying the term "nature of tuberculosis" in another sense, it is a national calamity.

Its prevalence is so much greater and so much more constant than the presence and danger of any other disease that we stand appalled at our own supineness.

The horrors of diphtheria have long ago aroused the public and profession to the necessity of a most gratifying reform in the sanitation of our homes.

Yellow fever burns with a fierceness that excites general alarm, yet by energy and intelligence in its management it is stifled as never before.

The entire water supply of large cities has been remodeled and redeemed because of an epidemic of typhoid fever.

Cancer, almost always engrafted upon a tubercular base has received the most earnest attention of the profession and public.

But tuberculosis, the deadliest and most prevalent of them all, and the precursor of many an acute ailment, which sweeps off its thousands and tens of thousands, is always among us, always plucking our loveliest daughters and most promising sons, and we tolerate it and doze in our danger.

The gathering of this congress shows that the profession is awakening Greater steps have been taken toward the annihilation of tuberculosis within the past single decade than in all the years that have gone before.

The present is pregnant with hope for the future.

Tuberculosis is disseminated in a preventable way.

Its germ is contained in the sputum from the throat and lungs of consumptives.

It has been stained, separated from other germs, seen through the microscope times innumerable, and cultivated by the millions in the laboratory.

Successful and valuable tests have been made with it in relation to its vitality and virility.

Test animals, and even human beings, have been inoculated with it, and results have been ascertained which make its nature and danger known to the medical profession, beyond all cavil.

This germ is expectorated in the sputum.

While therein imprisoned it is only dangerous to man by inoculation. But when dried and powdered into dust and carried in the air, it becomes an infection of the greatest potentiality.

The principal avenue of invasion is through the breath.

It may also infect us through food and drink, but the common source is the atmosphere.

If this be not contaminated consumption will disappear.

Its contamination is preventable, and every intelligent citizen can do a part toward accomplishing this desideratum.

The battle cry against the Great White Plague is expressed in three words,

Destroy the Sputum.

There is no danger to the nurse of a consumptive, nor to his family and friends, if the sputum be destroyed or rendered inocuous.

But there is the greatest danger to everyone in daily contact with him if this duty is neglected.

Dried and scattered bacilli infect the premises of a consumptive, and through expectoration infect public buildings, conveyances, streets and highways.

Through this agency the air we breathe becomes our greatest source of danger, and life is everywhere unsafe.

All sputum from tuberculosis should be burned if possible. If no fire is at hand, destructive chemicals of known efficiency may be employed.

There is no danger in committing this oral excreta to the sewer, as with the typhoid and diphtheria germs, for, while held in solution and not scattered by the air, it is not inhaled.

The means for its destruction are always at hand and in the light of present knowledge it is all but criminal if the sputum of a consumptive ever finds the street.

Public expectoration is not only indecent but is dangerous to the last degree Its rapid suppression is a cause of congratulation. Divesting the consideration of the subject of professional technicality, all excreta from the tuberculous patient should be immediately destroyed.

The existence among us of a disease which claims one out of every seven to every five deaths that occur is sufficient cause for radical action, and the directing against it of the most intelligent and forceful procedure of which the profession and public are capable.

Our safety for the future lies in education.

Being an infection, phthisis should be a reportable disease.

Every house containing such a patient is as much an object of danger and duty to those who have been placed in charge of the health of the public as is the house of a small-pox or diphtheria sufferer.

Every family in which a phthisical case exists will be benefited by not only calling for, but by exacting from the health officers of the city in which it occurs the best knowledge and action that such authority possess, not alone for the general, but for the individual good.

The prevalence of the Great White Plague is so general and so alarming that it is now, for the first time in history, receiving attention that its importance demands, and with the press, the pulpit and the public sustaining and aiding the profession towards its extermination, another generation will see it under control.

For Louisville a final word.

It is a pleasure to be able to state that no report from any health officer of any city which I have received during my investigation shows more liberal nor more extensive consideration of this subject than does your own. Were the pages which are devoted to tuberculosis printed and scattered broadcast throughout your city and State, and were the instructions and advice therein contained followed by your people, the lamentable condition which at present confronts you, of one death in every five from tuberculosis, and sixty thousand cases in Kentucky, would very soon be modified and eventually be completely overcome. Although unacquainted with the health officials of Louisville, to the public of this city I may safely say: "Follow your guide, and fear no danger"

EARLY GENERAL SYMPTOMS. NECESSITY FOR EARLY DIAGNOSIS AND TREATMENT. CURABILITY OF TUBERCULOSIS.

BY H. V. HALBERT, M. D., CHICAGO, ILL.

The subject allotted to me by your Committee is fortunate for my audience, inasmuch as it does not allow me the privilege of minute reference to the general subject with which we have afflicted your beautiful city. I take it for granted that with all the scientific expositions of the day you are at least well informed, if not surfeited with the essential features of the disease which we have brought to you with its minute etiology pathology and treatment. I may, however, be permitted to digress sufficiently to give a general opinion as to the wisdom of your Society in selecting such an important subject for public discussion. It is well for all of us that our profession is making the danger of this white plague conspicuous and bringing to your attention the means for its suppression and cure, which you must seriously regard as a part of your responsibility as well as ours. Allow me to say also that unless we interest you in this work, unless every community admits its obligation to circumvent and combat the local danger when it appears, and unless there is unanimous co-operation of every State government and mankind as a whole, to fight the spread of this terrible disease, it will soon decimate our population beyond our extremest fears, to say nothing of the infectious results which may be entailed to the generations yet to come.

It is well, then, that we call your attention emphatically to your danger and your duty. My message is, therefore, one of alarm in order to excite sufficient precaution. Yet before I finish I trust I shall inspire you with the gospel of hope You may thank the profession, which has, at least, learned how to cure this dread disease, but you must put your shoulder to the wheel and help us in our determined effort in this regard.

It is my lot to speak first of the early general symptoms of this disease. It must be remembered that the tubercle bacillus attacks not alone the lungs, but invades nearly all the tissues of the body; hence our symptomatology may be characterized by various signs. It is sufficient, however, to refer more directly to the pulmonary form of tuberculosis which is most manifest and serious.

First. The insidious character of the incubation and invasion of tuberculosis often obscures the danger until the disease has a tenacious hold upon its victim. Often it is the environment alone which suggests the infection. Where poverty is supreme cleanliness is usually absent, and it is the vicinity of filth which propagates the germ and predisposes to the disease. Look into the abode of the average poorer class and you may see the inciting cause of tuberculosis without the aid of the microscope. Look upon the pinched and pale face of the mother and her numerous ill-fed children, observe the evidence of malnutrition as well as the lack of hygiene, and you have found the first symptom of the disease we dread. Thus you may infer at the outset that the focus of infectious, dissemination or the environment may be the most suspicious sign. The home, therefore, which ought to be the safe rendezvous of every one is frequently the prolific source of the disease.

Second. On account of the insidious phase of this affliction we are often obliged to base our diagnosis upon conditions which look entirely to the predisposing causes. The theory of direct hereditary transmission is not really tenable, and yet our suspicions are always aroused by the knowledge of such a family history. While we recognize the true cause as a direct infection, our symptomatology must include the predisposing tendency of heredity. Thus our earliest suggestive symptom may start in the parentage of our patient. The patient predisposed by birth to a delicate physical organization is liable to lack the physical essentials of good health, and hence he is a fit subject for the implantation of the tubercle bacillus. Add to such a heritage the lack of acquired resistance, the error of improper living, and the unfavorable environment, and we have the first presumption of an incipient tuberculosis.

For a long time we have placed much stress upon that imperfect definition, scrofula, by which we aim to describe the patient whose equation of physical resistance is not sufficient to withstand disease from without, and whose imperfect metabolism and elimination favor an auto-infection which is alike predisposing.

Another symptom of inspection is recognized in the phthisical type of the chest, and the persistent anæmia, which define a pronounced inanition which is ever subservient to infectious inoculation Physicians have learned to define a case as tuberculous where there are no prevailing or positive signs of the disease. When the laity has become equally correct in suspicion it will be possible, by proper precaution and treatment, to save life before the incipient stage has terminated in the incurable stage.

For this purpose we must also regard every previous infection, no matter what kind, as a predisposition to tuberculosis, inasmuch as it leaves a physical condition which favors infection. In like manner we are obliged to regard with fear any prevailing tendency to cold or cough which recur in a climate where atmospheric moisture and sudden variations of temperature prevail. So, too, we must seriously consider the occupation, the habits and any complicating disease which debilitates the physical resistance.

As I have previously inferred, tuberculosis appears in many forms, causing thereby a wide variation in the symptoms. If its first manifestation is in the lymph glands the disease may not be suspected except by the expert. The glandular enlargements may, to casual observation, be regarded as innocent until the evidence of emaciation, anæmia and fever are apparent. It is, nevertheless, the insidious symptom of a lurking danger. The infection may be implanted in the mesenteric glands (tabes mesenterica), giving rise to serious internal perversions, which lead to a similar emaciation, fever and secondary complications. Again, we have to deal with a treacherous miliary form, which gives rise to acute typhoid or pulmonic symptoms, while a tuberculous meningitis gives evidence only to a cerebral or meningeal disturbance. We are also liable to confront an acute pneumonic phthisis (galloping consumption), which is portrayed by the rapid development of typical symptoms and a sudden fatal termination. It is, however, the chronic form, with its poorly defined symptoms, which is most amenable to treatment, and yet a most constant danger on account of its incipient uncertainty.

It is easy enough to recognize the typical afternoon temperature with its attendant night sweats. The presence of expectoration with, or without, hæmorhage is a plain symptom for diagnosis; the evidence of lung consolidation or cavity formation in a typical case is sufficiently apparent to the most casual observer, and the characteristic emaciation does not permit any doubt It is, however, essential that we shall recognize and fear the persistence of any infirmity; the cough, which does not yield to ordinary treatment, and the predisposing features already mentioned; the slight rise of afternoon or evening temperature; the cough which is worse in the morning and evening, which is dry, spasmodic and uproductive; blood spitting, a gradual loss of weight, a loss of voice, are all early and suggestive symptoms, though not necessarily pathognomonic signs. These should, at least, inform the patient and the friend that prompt treatment is demanded.

My second outline requires slight expatiation. The diagnosis of this disease, important as it is, belongs properly to the physician, and for this purpose the profession depends upon the symptomatology already explained, the physical findings which are known to our profession and the indisputable evidence obtained by microscopic examination of the sputum. Allow me to give an emphatic warning that while the presence of tubercle bacilli in the sputum of a suspected case is prima facia evidence of the disease, a negative finding by no means insures its absence. It often requires repeated searchings to find them in marked cases, and they may never be found in some undisputed cases.

The more essential phase of my discussion must be brief but emphatic. The "great white plague," which you have learned to fear, is a curable disease if taken in its incipiency; even in the more advanced cases there is a strong factor of hope if the prevailing physical conditions and surroundings are favorable, and the instituted treatment is radical. For a long time the profession has sought a specific cure with more consideration for the results of the disease than its cause. It is only within comparatively recent times that we have learned that a universal remedy is in our midst, the pure air which God has given us. Add to this the clear sunlight, sanitary surroundings, moderate living, the avoidance of alcohol and all else that lowers physical vitality and this disease may never gain a foothold, or, having once developed, it may be made innocuous. It is not alone necessary to seek a climatic change, valuable as this may be, for many patients respond best to a home climate to which they are acclimated. It is mandatory, however, that fresh air should be constantly in the lungs, and that the patient should not be shut up and indoors. This object may be attained in any locality no matter how unfavorable the apparent conditions are. The outdoor life is a requirement which cannot be overlooked, and it should be cultivated as a habit. No hothouse plant was ever able to withstand the rigor of winter, and no delicate physique can endue the ravages of disease. It is, therefore, for the sake of the general health, the physical resistance and the body's nutrition that outdoor life is demanded. Where health is supreme the bacillus of tuberculosis does not thrive. With pure air in the lungs it becomes innocuous, and a perfect resisting power may always dethrone it. Our habits of life are wrong. We overwork and under rest. We remain too much within doors; we turn night into day and follow too much the example of the gourmand. We live with more thought for money than for life and health, and in this unconscious rush of the present time, we allow ourselves to become the subjects of this disease.

There is still a wider scope to this subject of treatment. It is the prevention of the dissemination which we must consider. The health of mankind is now threatened as never before by this terrible "white plague." The result is in your keeping, and the lives of your community, your State and your country may be saved. Will you help? The medical profession has learned the pathogenesis of this disease, but better than all, it has learned of a true cure. Prevention must, however, be established before it becomes indeed a plague.

It is an absolute truth that without sputum the spread of tuberculosis is impossible. In other words, let every afflicted individual co-operate to destroy this medium of infection and the ravages of tuberculosis will disappear. Your board of health has said to you, "No expectoration, no consumption." Are you doing your duty in this regard? Are you helping yourself and your neighbor? Are you aiding in the dissemination of this knowledge? If not, you fail in your duty as a citizen.

We have also stated that it is not a drug but hygiene, nutrition and fresh air which are demanded for the sporadic case. We state, with equal firmness, that it is not the cure of this disease but the prevention which is more important. To that end the infectious possibility must be overcome. We need more sanitaria where incipient and advanced cases may be properly cared for, lest they become a menace to others. We need to circulate the knowledge as to the cause, prevention and cure of the disease. We need most of all to live the life which shall make us immune. We need also a civic honesty and a civic energy which shall faithfully cope with the danger which we must heed.

PRESIDENT'S ADDRESS.

BY ORRIN LE ROY SMITH, M. D., LEXINGTON, KY.

"The truth" is that I am deeply sensible and heartily appreciative of the honorable suffrages accorded me by the esteemed members of this Society; "The whole truth" is that it is a pleasurable privilege to thus publicly proclaim our indebtedness to Dr. Willis O. Young, of St. Louis, whose masterly presidential address of last year projected the Tuberculosis Congress now in session in this beautiful and hospitable city; "And nothing but the truth" is, that in consenting to address the annual executive message to this audience instead of the Society, I reluctantly forego precedent for duty and devotion to a theme confessedly unpopular.

I am convinced that there are millions of intelligent, refined and cultured people whose only word regarding cremation is, that they "are against it," and whose only argument is that they "cannot even bear to think of such a thing," thus paralleling the fated unfortunate in the fable of La Fontaine, unaware of the deadly serpent daily embosomed and nurtured.

If this frank discussion manifest seeming disrespect to the dead, I must register an emphatic and honest disavowal of any such intention. You should know that medical men are practically dominated by a devotion to the safety and welfare of the living, and the practical, progressive man of modern medicine thus recognizes in preventive medicine a public panacea of pre-eminent possibilities. Initially, then, our contention concerns not so much the advantages of cremation, as the evils necessarily attendant upon interment.

Physically enfeebled by long days and nights of anxious watching, and grief-stricken at the departure of a beloved spirit, we clothe ourselves in black, the most depressing color obtainable. To make this color "fast" it is necessary to use arsenic, which is not infrequently absorbed in poisonous amounts by the eyelids and lips, a condition but rarely recognized, unfortunately.

With spiritual and physical resistance weakened, we slowly accompany the remains to the cemetery, stand on damp ground with head bared to the rigorous elements and witness the interment. Under such conditions the participants not infrequently contract that most fatal illness known in the profession as "graveyard pneumonia."

Beside the open grave intent upon the disappearing remains of a supposedly dead friend, have you ever dared think of the possibilities of an entombed awakening and the horrible hopelessness of escape? That such occurs more often than one cares to believe is proven by the urban French, who, alarmed at its frequency, now detain the body under guard in a mortuary for a week, so protected by elaborate devices that a single breath or motion sounds instant alarm.

On quitting the cemetery, does it "possess your soul in peace" to realize that you are leaving the earthly tenement of a loved one, without protection against the desecrating ghouls that infest the shades of night? Tell me how many years have elapsed since Louisville vibrated with the horror of this very happening? How many of us would have the hardihood to witness the exhumation of a loved one, with the many unmentionable changes incident to years of interment?

During the summer months, when Louisville proper is comparatively exempt from contagious diseases, South Louisville produces case after case of diphtheria, scarlet fever, etc. In fact, this old cemeterial district is never free from these diseases, I am credibly informed by a resident surgeon.

It has been conclusively proven that germs from infected bodies resist indefinitely the putrefactive changes incident to decomposition, and may be carried into the subterranean water courses, thus polluting the public water supply.

Sir Henry Thompson, of University College, of London, says: "No dead body is ever placed in the soil without polluting the earth and water above and about it." Dr. J. W. Keller has said he "believes the horrid practice of earth burial does more to propagate the germs of disease and death, and to spread desolation and pestilence, than all man's ingenuity and ignorance in every other custom and habit."

In support of these statements I shall cite but one from the long list of confirmatory instances. After the battle of Sedan, thousands of human beings and animals were hastily and superficially buried. All the Belgian villages in the neighborhood suffered frightfully from infectious diseases and epidemics. The report of Col. Creteus, who was sent to investigate, is too revolting for repetition. It was with great difficulty that he secured sufficient men for the needed work, as the effluvia produced severe eruptions and serious symptoms of poisoning, among all those remaining near the place. Through the agencies of lime, tar and kerosene some 45,000 bodies were reduced to harmless ashes, when the districts once more became safely habitable.

Pasteur has proven that earthworms carry tuberculosis germs from the grave to the earth's surface, where, after being dried, they may be easily inhaled or carried by boot or gown into the home. Tuberculosis alone claims more than 2,700 victims daily, 99 per cent. of whom are, of course, buried, thus polluting thousands of acres of ground that might yield fruits and grains for the poor, instead of garnering a harvest of death.

Yet sane, educated, "20th" century people, with the sanction of church and State, actively proceed to infect almost at one's doorstep, acre upon acre of ground with putrefying cadavers, disseminate foci of death, and are pleased to call this God's acre. May the Father in his infinite mercy forgive them! Hell's acre were too good.

Cremation offers a safe and rapid solution of the problem of disposing of the bodies of the dead, epitomizing nature's process in an incomparably short space of time, and unattended by any of the dangers incident to earth burial.

As soon as possible, the remains are sent to a crematory, a building of the Gothic style of architecture, with massive oak doors. An imposing entrance porch leads one at once to a large conservatory, its sides lined with plate glass windows, its glass roof supported by ornamental iron trusses, and a richly designated floor in different colored marbles. The sides banked with plants, some of equatorial growth, the conservatory forms a magnificient entrance hall. Opening off the conservatory and leading to the crematorium hall is a small anteroom. The crematorium hall is a beautiful room with an arched roof groined with ribs and bosses. The floor, like that of the conservatory, is laid in rich colored marbles and the walls are lined with pavenezzo marble for a considerable height. It is in this hall that the body, properly guarded, remains until the religious ceremony takes place. Elaborate bronze doors give access to the adjoining incinerating room.

The body is enshrouded in a winding sheet of asbestos and encased in a wooden casket, which the superheated furnace receives. That much of the popular prejudice against cremation arises from the mistaken idea that the process is one of burning, is commonly admitted. As a matter of fact, the operation is that of a chemical combustion induced by such terrific and consuming heat as almost instantly initiates incineration. The following from the pen of a clergyman, after witnessing it for the first time, will be found almost invariably characteristic of general experience:

"As we turned from the incinerator where we had left the body of our friend, it was grateful to feel that whatever might remain after a few hours of purifying work would be as he would wish it, clean and white like his own pure self, without offence to thought or memory. The earthly parts which might be driven off by heat, and in that sense made spiritual, would have their home with sunlight in the upper air, and altogether, every thought and feeling which the scene evoked, were far from being painful, as I feared they would be. After all that I have seen, I must say that my feelings are completely changed, and that the process of incineration is so much more attractive than anything which I have ever conceived, that I would as much rather see the body of my dearest friend cremated than buried, as can possibly be imagined."

When one receives for inurnment the purified remains, the spiritual import of those beautiful and realistic words, "Ashes to ashes, dust to dust," unfolds for the first time. With Dr. Arnulphy, I believe that the cineral urn sacredly preserved within the precincts of the home, church or special edifice is better calculated to spiritualize the idea of death, and cultivate in the human breast those nobler and unselfish emotions which grow from the cult of the dead, than the putrid graveyard.

Some have urged that cremation is not so-called Christian burial, which to them is as serious a matter as Christian living. As a matter of fact, the body of Christ was not buried but simply deposited in a stone tomb or vault. Climatic exigencies compelled the Hindoos to burn their dead. The Persians, placed under different conditions, had only to expose their dead out of doors for a few days, where the extreme and peculiar atmospheric dryness rendered them inocuous. The Greeks and the Romans, as is well known, were in the habit of burning their dead, and we are safe in concluding that in so doing they must have obeyed some imperative need of self-preservation.

Granting that the ancients considered interment the sine qua non of Christian burial, why should we continue a practice immediately and remotely fraught with danger, when a safer alternative is offered? Do we plough with wooden ploughshares or travel in ox carts? Has medicine alone made no progress since the Christian era? Is your religion of such a stripe and temper that undiscerning devotion to an ancient custom can compel you to sacrifice your fellow man upon the altar of a practice admittedly dangerous, if not criminal?

Cannon Liddon says: "The resurrection of a body from its ashes is not a greater miracle than the resurrection of an entombed body. Each must be purely miraculous." Prof. Max Muller, the famous linguist, writes: "I often regret that the Jews did not burn their dead, for in that case the Christian idea of the resurrection would have remained far more spiritual."

Whether the mortal remains of man rest under the sea, beneath the sod or in the cinereal urn, it is incumbent that the manner of his disposal should not endanger his fellow man, and that he remain present in the hearts of those with whom he has hoped, loved and suffered. After all, the only lasting effigy which man leaves behind is one engraven upon the memory of the living.

Anyone conversant with settlement or hospital clinic work is aware of the great deprivation and actual want occasioned by the expenses incident to a death in the family. To the unlettered minds of poorer districts, the event assumes exaggerated social and religious obligations that must be met at any cost. To such cremation offers a release in the small fees, the regular charge in a number of institutions amounting to but ten dollars.

When cremation supplants interment, and it will as surely as electricity has superceded tallow, one of the most potent causes of our abnormal and unreasoning dread of death will be removed.

Why, if these things are true, do we continue this ancient practice?

In the first place, custom; in the second place, ignorance of the individual and sequent dangers resulting therefrom, and lastly, the inborn and inbred sentiment with which we have been nurtured by unthinking and unscientific ancestors

As you value your own life, the lives of your loved ones and that of your fellow man, consecrate your influence to the abolition of this practice, and your endeavor for the substitution of a method cheaper, more æsthetic, vastly safer and entirely sanitary, and in consonance with reason, research and religion.

Surgery.

THE EARLY SYMPTOMS, DIAGNOSTIC SYMPTOMS AND DIAGNOSIS OF BONES AND JOINT TUBERCULOSIS.

BY WILLIS O. YOUNG, M. D., ST. LOUIS, MO.

Pain.

The earliest symptom of tubercular arthritis is pain. Pain has been said to be the sentinel that warns the individual of danger. Considering the prime importance of an early recognition of the disease under discussion, pain is of more importance as a warning of trouble present and to follow than it is in many other conditions.

The pain is common in the beginning so slight that the patient may not call attention to it by ordinary means, but will, if he is old enough, admit it when questioned.

Complaint or any evidence of pain in a joint, especially of a child, should be investigated carefully, and repeatedly if necessary, until its cause is ascertained.

This pain is often aggravated at night, and is frequently referred to some point other than the seat of trouble, occasionally to some very remote point, as the abdomen, chest or back.

Stiffness or Ridigity.

Of the neighboring muscles is present almost or quite as soon as pain, and taken singly is the most valuable diagnostic sign of the disease. It is not especially difficult for a trained hand to appreciate it, even without comparison of the opposite corresponding part, a means of detecting it, however, which there seems no good reason to neglect. The rigidity is due to a reflex nervous impulse originating in the nerve supply of the joint involved and communicated to the muscles concerned in moving the joint.

It is almost entirely involuntary, and seems to be for the purpose of protecting the joint from motion and thereby in a measure avoiding pain.

Spasmodic Jerking.

Of the muscles occurs, and can be felt by the examiner when passive motion of the disease joint is instituted and it is a part of the rigidity and a most valuable diagnostic point.

Night Cries.

During sleep the rigidity relaxes somewhat and occurs spasmodically, bringing diseased surfaces together and causing pain enough to make the patient cry out, but not always sharp enough to waken him.

Flexion.

If an extremity be diseased, as the rigidity increases flexion, abduction or adduction, and eventually partial dislocation occur. This physical condition in conjunction with pain, which cause the patient to make the time of impact of diseased point surfaces as short as possible, causes a more or less decided limp, when one of the lower extremities is affected.

Grating.

Stethoscope. Must not be counfounded with thecitis.

Swelling.

Of the joint from thickening of the synovial sac, enlargement of the epiphyses and effusion into the joint increases the deformity.

Atrophy.

Of the neighboring tissues, especially muscles, always occurs and contrasts sharply with the swelling of the joint.

Color.

The skin over the swelling is whiter than normal, and the veins, therefore, more easily seen. Moreover, they are enlarged.

Temperature.

The local temperature is elevated, as can easily be determined by touch. A surface thermometer would be a more certain means of learning this. The general body temperature is very variable.

Diagnosis.

On early diagnosis depends the result of treatment of tubercular arthritis, especially with relation to permanent deformity.

The Occurrence of Complications.

Complications in a certain sense are of more importance than the original disease, for it is the complications which cause the fatalities, tubercular arthritis, per se, rarely causing death.

Tubercular arthritis is more common in children than adults. It is a chronic local disease, and the comparatively slow and progressive character of these local symptoms is one of the diagnostic points.

The General Health.

Is frequently not seriously disturbed. There often occur periods of temporary relief from pain, limping and rigidity. On the other hand, exacerbations of an acute kind often show themselves. During them the pain and rigidity increase sharply, and a sudden rise of temperature of from two to four degrees will appear. This elevation may be accompanied by thirst, anorexia, and the common ill feelings of fever.

Injuries.

It is fair to assume, but quite impossible to satisfactorily prove, that the majority of cases of tubercular bone and joint disease develop after an injury, usually a mild one.

Mild injuries create local points of low resistance. At these points the tubercle bacillus finds it possible to establish itself.

Severe injuries are far less liable to be followed by tuberculosis, since the vigorous cell activity necessary to repair great damage is sufficient to resist the germ.

The Temperature

Is often normal except during exacerbations, but a regular evening rise, rarely above 101, with a fall to normal in the morning, is strongly suggestive of tuberculosis somewhere in the body.

Location.

Excepting in rare instances, it is impossible to say whether a tubercular arthritis began in the synovial sac or in the bony parts of a joint. One can only learn this at post mortem or during operation, and not always then.

Observations made at those times have taught that in children the bone is the common starting point; in adults, the soft structures. When beginning in the bone, the epiphysis is the favorite site.

It is interesting to know that the articular cartilages are never the first structures attacked.

X-Ray.

The X-rays have not been of much service in locating the point of origin, or, indeed, in assisting the diagnosis of tubercular bone or joint at all. This statement is made with some diffidence, and better information is hoped for on hearing Dr. Wilson's paper on this subject.

In support of the statement these plates and skiagraphs are submitted. No. 1 was made of a typical case of incipient hip-joint disease in a child of 9 years. This child had been complaining for seven weeks when this picture was made. No evidence of disease can be seen.

No. 2 represents the shoulder-joint of a 14-year-old girl. It was made with a double object; first, to diagnose the fracture seen at the surgical neck of the humerus, and also to find, if possible, the cause of the complaint the girl had been making for several weeks concerning a swollen and painful shoulder. Two and one-half months after this plate was made the evidences of tubercular arthritis were very evident, clinically. Nothing is to be seen on the plate except the fracture.

No. 3 was taken of an advanced tuberculosis of the elbow, and shows practically nothing. At operation a few days later the joint was found so badly diseased that amputation was made.

Suppuration.

True suppuration is never the result of the unaided activity of the tubercular bacillus. It requires the presence of some pyogenic organism. The diagnosis of this secondary infection depends upon increased swelling, pain, and especially rigors and fevers.

Complications of Diagnostic Importance.

Cold abscess is a very frequent complication. It may for a time be periarthritic, but soon effects a communication with the joint, even if only by a small sinus. This is always attended by increase of all symptoms, including a temporary rise of temperature.

It is not always easy to diagnose cold abscess, since it results from a watery infiltration of a caseous degeneration. The change from the doughy feel of a caseation to the fluctuation of fluid is accomplished so gradually that the difficulty is apparent.

Pulmonary.

The oncome in an adult suffering with a monarticular joint disease, of a pulmonary tuberculosis, or in a child of tubercular meningitis, or an amyloid degeneration of the kidneys or liver, is sufficient to settle any doubts of the nature of the joint disease, but at a rather discouragingly late period in its course.

Diagnostic Symptoms.

Monarticular.

Pale swelling, doughy to the touch.

Atrophy of neighboring parts, limitation of motion.

Jerking reflex spasm on passive motion.

Flexion, adduction or abduction and subluxation.

The presence of three or more of the above will be ample justification for instituting treatment for tuberculosis.

It sometimes requires much patience to find them, since patients may resist examination from fright or irritability.

Anæsthetics are contraindicated, since they obliterate the most valuable of all signs, spasm.

Differential Diagnosis.

"Growing pain." In children T. A. is often called "growing pain," a mythical condition that has cost many a life and spoiled many a limb.

Rheumatism is polyarticular and progresses rapidly.

Infantile paralysis presents increased motion and laxity of the joint.

Osteomyelitis is acute; severe high temperature, rigors, great pain.

Hereditary syphilitic osteitis lacks rigidity, spasm and night cries.

Rickets, polyarticular, bones bent, ribs beaded, etc.

Sarcoma near a joint may be impossible to differentiate until metastasis has occurred or at operation.

It is of more rapid growth than tuberculosis.

It may further be confused with hæmophiliac joint, history; neuromimesis, anæsthetic; Charcot's disease, gonorrhœal arthritis, history; sprains, synovitis, acute, chronic, suppurative, dysentery, gout, glanders, arthritis during infectious diseases; exanthemata, pneumonia, typhoid, mumps, pyæmia, diphtheria.

Laryngology.

EARLY SYMPTOMS, DIAGNOSTIC SYMPTOMS AND DIAGNOSIS OF LARYNGEAL TUBERCULOSIS.

BY GEORGE MARTIN MCBEAN, M. D., CHICAGO, ILL.

It is my privilege to discuss, not a rare complication of pulmonary tuberculosis, but a very common one, one which is too frequently overlooked. When we consider that of those who die of pulmonary tuberculosis and come to autopsy more than 25 per cent. present lesions in the larynx, then we shall realize the importance of early diagnosis.

The etiologic factors of laryngeal tuberculosis are naturally the same in general as of the pulmonary form. Among these we include heredity (for its predisposition,) and impaired vital resistance from any cause, early adult life, and the direct infection with the tubercle bacillus.

Infection of the larynx probably takes place through the lymphatics, but may be localized by way of the blood current, or by direct inoculation through abrasions in the mucous membrane by infected sputum from the lungs. Probably one-third (1-3) of all pulmonary tuberculosis patients have the disease in the larynx as well as in the lung; certainly post mortem findings would seem to indicate even a larger percentage. Watson Williams says that 50 per cent. of cases dying of phthisis in the Royal British Infirmary show laryngeal complications at autopsy.

So many of these cases are secondary to a recognized pulmonic phthisis that it is a question if the small proportion which are seemingly primary in the larynx are not really secondary to an unrecognized lung condition.

Cornet, of Berlin, says that "acute tuberculosis is always an auto-infection, the prerequisite being a tubercular focus in the body from which the infection is spread. The focus may be so small that even a trained pathologist may have difficulty in recognizing its presence at autopsy." This being true, how much more difficulty shall we have in recognizing its presence during life. Also, "the classical symptoms of tuberculosis are due, in part, to a general intoxication with the toxins of tuberculosis and other bacteria, and partly to local irritative phenomena, and to limitation of function due to the formation of tubercles." This is especially true of laryngeal tuberculosis.

A point of great importance to my mind is that every case of acute laryngitis, or hoarse cold, which lasts longer than two weeks is suspicious. It is usually an infection of some sort, and very often a tuberculous infection. Likewise chronic or recurrent attacks of laryngitis should at least suggest this possibility and demand thorough examination and watchfulness.

One of the earliest symptoms of tuberculous laryngitis is hoarseness, which sometimes becomes a complete aphonia. This may be due to the local condition, or to an involvement of the recurrent laryngeal nerve in a lesion of the lung or bronchial glands, or may be part of the general muscular fatigue which is so common in tuberculosis.

Cough and expectoration are always present as a result of the combined laryngeal and pulmonary involvement, and the cough is often painful.

The local pathology varies with the stage and form of involvement. In the early acute form there is a general congestion of the mucous membrane, or it may be pale and anæmic, or, again, there may be areas of anæmia and congestion existing at the same time. The cartilages of the epiglottis and arytenoids may be the seat of a perichondritis, manifested as a pale and œdematous swelling, which later goes on to ulceration and necrosis. The epiglottis looks like a Turkish turban, and the arytenoids become pear-shaped. The space between the arytenoids, where the mucous membrane lies in loose folds, becomes filled with tubercles, which, by their mechanical action, prevent the normal approximation of the vocal cords during phonation, and also interfere with deglutition, so that food may enter the larynx.

It is when these cartilages are involved that the pain becomes so unbearable. At times it is so intense that the patient cannot, or will not, make any effort to swallow. Even the saliva is allowed to driblbe from the mouth and all food is refused. This is the worst feature of the complication, for without hypernutrition it is impossible for tuberculosis cases to recover.

Shortness of breath is generally due to the pulmonary condition, but sometimes it is caused by œdema of the larynx, or by fixation of the vocal cords in the phonatory position.

Laryngoscopic examinations are usually most difficult because of the extreme pain and sensitiveness in the throat. It may be necessary to use some local anæsthetic, such as cocaine or eucaine, before attempting the examination. However, if one is not expert with the laryngoscope I believe he does more harm than good in these cases by attempts at manipulation.

Diagnosis of the pulmonary condition in the incipient stages is of the utmost importance so far as cure is concerned, and also because the larynx should be kept in the best possible condition to prevent its involvement. We should remember that about one death in every eight (8) is from tuberculosis, and of those who die of the pulmonary form, at least one in three or four has the larynx involved. Therefore, we should rather incline toward pessimism, and treat any suspected case as one of tuberculosis in the absence of positive signs to the contrary.

The general symptoms of pulmonary tuberculosis are usually present in these cases, but it is to be remembered that the laryngeal symptoms often mask those in the lung, so we must not overlook any sign which will aid us in recognizing the true condition.

The daily rise of temperature is probably the most constant symptom, and is usually highest between two and six P. M. However, a low temperature range does not always mean a mild infection, according to Cornet, for some persons have heat-centers which show a certain immunity to bacterial toxins. Sometimes the temperature taken in the rectum will indicate activity of the disease when the temperature in both mouth and axilla are normal. Any persistent afternoon rise of temperature, no matter how little, points definitely to tuberculous infection.

The pulse rate is much increased, often out of proportion to the temperature, and in acute cases it may reach 120-150 per minute. The rapidity is due in some cases to compression of the pneumogastric nerve by enlarged bronchial glands or other mediastinal lesions, or to the toxæmia. Progressive loss of weight, sweating during sleep (whether in the daytime or at night), and the circumscribed flushing of the cheeks are so common as not to require special comment.

A bacteriologic examination of the sputum, or of the discharge taken directly from the ulcerations in the larynx, should never be omitted, but we must remember that early signs appear long before expectoration, and expectoration appears for a considerable time before bacilli can be found.

.With the characteristic laryngeal appearance and the general indications of pulmonary disease, plus the finding of the bacilli and yellow elastic fibers in the sputum, one cannot fail in arriving at a correct diagnosis. But if tuberculosis is suspected before the signs appear, we should finally resort to the tuberculin test. This will disclose the nature of the disease in its most latent and incipient forms before it can be positively recognized in any other way.

As Osler says, "In obscure internal lesions the use of tuberculin gives most valuable information." And Billings declares there is no more danger from using the tuberculin test than from using general anæsthesia for diagnostic purposes.

Old cases of tuberculosis do not always give the characteristic reaction because the system has become habituated to the toxin, but it is the incipient case which reacts most typically, with the least percentage of error and this is where we most need its assistance.

The technic of administration should be observed in detail as Halbert has directed in his new Practice of Medicine (p. 233).

There are some cases of syphilis of the larynx which may be mistaken for tuberculosis, and at times the two diseases may coexist, but the therapeutic test of mercury and the iodides will usually clear up the differentiation. In syphilis there is much less pain in the larynx than there is in tuberculosis

Cancer of the larynx, too, may confuse the diagnosis, but the absence of pulmonary symptoms, and the continued presence of pain, with more destruction of tissue, are characteristic.

Histories.

Page 144, December 3, 1901.

Mr. ———, foundryman; age, 21. Had pulmonary symptoms for one year. The last two weeks he was very hoarse, and complained of burning pain in the throat.

Temperature, 100 1-5; pulse, 110.

Dr. O. L. Smith, who was the head of the department at that time, confirmed the diagnosis of laryngeal tuberculosis. The patient came at intervals for ten months, at which time a general ulcerative condition of the whole pharynx and larynx developed, and he grew rapidly worse. Three months later, he left the clinic, and probably died, as we heard no more from him.

Page 341, March 7, 1903.

Mr. ———, age 38; ladies' hair dresser. This man was an alcoholic, and had pulmonary symptoms for three years before entering my clinic. He had lost flesh rapidly during the last six months, and complained of much hoarseness and coughing. Pain in the throat was severe, sharp and stitching, and caused him to choke frequently. He complained of much dryness in the throat. The mucous membranes were anæmic, the vocal cords were ulcerated, and the arytenoids were œdematous and ulcerated. Pain became so excessive that he could not swallow solid food, and toward the last scarcely anything. He died October 3, '03, after seven months of agony.

In this case even morphine failed to relieve the pain, and only increased the sensation of dryness of which he complained so bitterly.

Page 961, October 10, 1905.

Mr. M., age 45; tinner and coppersmith. This patient had syphilis eight years ago. For the last five months he has been troubled with hoarseness and cough, and almost aphonia at times. He raises much expectoration, but no blood. Has had night sweats recently. Has slight pain in the throat, and has only lost eight pounds.

Some ulceration of the vocal cords and slight interarytenoid infiltration is present.

Dr. W. M. Stearns diagnosed the case as one of tuberculosis of the larynx.

Patient has some pain and misery in the chest, but insists his lungs are normal because his expansion is 5 inches. However, only 2 inches is on the left side, and 3 inches on the right. The left lung is retracted and shows subcrepitant rales, but no consolidation. (Blackwood.)

Temperature, 101 3-5; pulse, 130.

He is taking potassium iodide now to see if syphilis complicates the case.

There are a few points that I wish to reiterate and emphasize in concluding my paper.

1st. That laryngeal tuberculosis is a common disease complication. That 25 to 50 per cent. of "lungers" develop it, and may suffer the tortures of the damned with it before death relieves them.

2d. That every case of laryngitis (or hoarse cold) that lasts more than two weeks is suspicious; that it usually means infection, and may mean tuberculous infection, and should lead to a careful physical examination.

3d. That prophylaxis is most important as it is easier to prevent than it is to cure tuberculosis of the larynx.

The careful and clean consumptive is not dangerous to those with whom he lives and works.

Gynaecology.

DIAGNOSTIC SYMPTOMS OF GYNECIC TUBERCULOSIS.

BY C. E. WALTON, M. D., CINCINNATI, O.

The time is long past since the term tuberculosis was confined to lung invasion. Every structure of the body is subject to the development of tuberculosis independent of lung involvement. Diagnostic evolution took a great stride when this fact was recognized. Scrofulosis now means the hereditary predisposition, tuberculosis the effect of the tubercular bacilli operating on the scrofulous base.

By gynecic tuberculosis is meant tuberculosis of the female genital organs and peritoneum. The parts involved are the vulva, vagina, uterus, tubes, ovaries and peritoneum. The external organs are ordinarily immune, the vulvar variety being the rarest of all. Only a few cases have been recorded, but many may have been unrecognized, the ulcers being confounded with those of other conditions which are more frequent. The ulcers have sharp edges with iregular contour, the depressed bottom of the ulcer is of a greyish-yellow color, and is covered with a cheesy detritus. Around the ulcer are found at times yellow nodules. The ulcers may be confined to the vestibule. The diagnosis may be made positive by the finding of the tubercle bacilli in the discharge, in the cheesy mass or in the nodules. The symptoms are those which would call for an inspection, i. e., pain upon urinating or from friction.

Tuberculosis of the vagina is another rather rare disease, ordinarily associated with tuberculosis of the uterus and preventing miliary nodules, ulcers and cheesy masses. The ulcers may erode a passage into the urethra, the bladder or rectum. The cause of these ulcers and fistulæ can be positively determined by finding the tubercle bacilli. So important is the presence, or absence, of the bacilli, that every scientific diagnosis must include a microscopical examination.

The uterus, next to the tubes, is the most frequent seat of genital tuberculosis. The disease, generally limited to the mucous membrane, may be primary or secondary, and appears as the acute miliary, chronic diffuse, or chronic fibroid form. It is nearly always limited to the body of the uterus, though tuberculosis of the cervix is not unknown: cheesy masses characterize the chronic diffuse variety, which is the most common.

The symptoms of endometritis with enlargement of the uterus, due to tuberculosis infiltration, and to hyperplasia of the normal elements, together with scrapings, showing polygonal cells surrounded by a zone of round cells, and containing giant cells, in the interior of which may be found tubercle bacilli, constitute the basis of a diagnosis. To differentiate between carcinoma and tuberculosis remember that the former reveals epithelial cells, the latter round cells, giant cells, cheesy masses and tubercular bacilli. The internal os may be closed causing a pyometra.

If there is an antecedent tuberculosis of the lungs, or if the husband has a genital tuberculosis, an inferential diagnosis of uterine tuberculosis would be justified.

Of all the genitalia the Fallopian tubes are most frequently affected. Primary infection may come from a tuberculous husband, or secondary infection from the peritoneum or lungs. The symptoms are those of salpingitis. Diagnosis is obscure, but a contemporaneous tuberculosis of the lungs, cheesy detritus and bacilli in the vaginal section, and a hard, beady condition of the tubes, will furnish a key to the situation.

The third most frequent site of genital tuberculosis is in the ovary, which may be infected through the lymphatics in general tuberculosis, or through the genital canal. The symptoms are those of chronic oophoritis, and a diagnosis can only be reached if the enlarged ovary is accompanied by a general tuberculosis, and cheesy masses and bacilli are furnished by the uterine cavity. The most frequent diagnosis is made post mortem, or during an operation.

Of all the tissues which may be involved in the tubercular process the peritoneum is the most surprising. The ruddy hue of health does not preclude its absence, nor does the pale face of chronic invalidism insure its presence. Millions of tubercles may occupy its surface or scattered islets mark its infection. The invasion usually proceeds from tubal foci, and its ravages are marked by all degrees of involvement from simple roughening of the glistening surface to the amalgamation of all the viscera. Free ascites may bathe the abdominal cavity, or encysted fluid mark the areas of more violent inflammation.

The salient symptoms are pain in pelvic region, lower abdomen and back; variable in degree in the same patients or in different patients. Often nausea and vomiting. Distention of abdomen by wind, or ascitic fluid, or both. Fever not always present, though at times we find "chills and fever" with night sweats. Sometimes a low grade of fever prevails. In acute cases temperature may reach 104°. Pain when urinating is a most prominent symptom owing to movement of the bladder

Positive diagnosis can only be made by abdominal section.

A simple pelvic peritonitis, a pyosalpinx, a carcinomatous ovary, or even an ovarian tumor may be mistaken for a tuberculosis peritoneum. As all of them justify a section the patient does not suffer from the uncertainty. Operative surprises should at least be anticipated. They should be the exception and not the rule. Experience lessens their frequency. The dictum that no one knows positively what is in an abdomen or pelvis until they are explored has been the parent of many a careless diagnosis. And those who take advantage of it never become good diagnosticians.

Individuals with bluish sclerotics, and with dark languo over the upper part of the back are usually of tuberculosis diathesis; and these signs are not inconsequential in making a diagnosis.

TOPICAL, REMEDIAL, AND SURGICAL TREATMENT OF GYNECIC TUBERCULOSIS.

BY E. STILLMAN BAILEY, M. D., CHICAGO, ILL.

Classification.

(1) Tuberculosis of the genitalia, including fistulæ.

(2) Tuberculosis of the vagina and the cervix uteri.

(3) Tuberculosis of the corpus uteri.

(4) Tuberculosis of the ovaries.

(5) Tuberculosis of the Fallopian tubes.

(6) Tuberculosis of the female bladder.

These disease organs comprise the list of gynecic tubercular diseases.

Two cardinal factors must be considered in speaking of the treatment.

(1) The organ or organs diseased by infection with the bacilli consitute a new focus of disease.

(2) The new foci are rarely primary infections. When it is possible to recognize by any means at our command, symptomatically, or by means employed in the laboratory tests, or by clinical indication, that the reproductive organs in the female have become the seat of active tubercular disease, the form of treatment offering the quickest, surest and most lasting success is in surgery. Briefly, then, I add a short description of the treatment offered by the surgeon.

I. That of the Tubercular Diseases of the External Genitals and of Various Fistulæ.

Excision of the isolated foci and the dissection of the fistulous tract; such cases have long since been recognized as amenable to surgical operation. Sooner or later it becomes a necessity, and the prognosis is usually good.

II. Tuberculosis of the Vagina and the Cervix Uteri.

(1) The vaginal walls sometimes become tubercular in part or patches where there has been direct infection, and a primary sore, plaque or ulcer has resulted. It is true that the liberal use of iodine, carbolic acid, alcohol, formalin or the galvano-cautery will act in a curative way on a limited area. It is always advisable to attempt the cure first by the milder methods, so topical dressings and applications as above, if taken in time and persisted in faithfully, may cure the local disease.

(2) Tuberculosis of the cervix uteri. Here the diagnosis must be a careful differentiation, preferably by the microscope. The gross pathology greatly resembles cancerous disease of the cervix, so it is absolutely imperative to determine that it is not cancer, and that it is tubercular. A mistake in diagnosis may cost a life.

In case the painstaking diagnosis determines the tubercular form of the disease, the treatment is a broad amputation of the cervix into perfectly healthy tissue. The Ochsner operation is the simplest. It consists of a circular incision, and reaches quite to the junction of the internal os. The suture material is twenty-day catgut. The entire cervix is amputated. The fact seems to be established that the infective process of the ascending variety ceases at the internal os; why, no one seems to understand. The tubercular corpus, on the other hand, is due to infection through the pelvic viscera. The cervical tubercular disease including tubercular ulceration is infrequent.

III. Tuberculosis of the Corpus Uteri.

This disease is not infrequent. It is apt to have its origin during the puerperal month, the placental site being the starting point. The primary invasion is from the similarly diseased tubes and peritoneum, the infection extending downward.

In view of this known source of invasion the treatment should be a radical one, being preferably vaginal hysterectomy together with removal of the adnexa. But before the radical operation an attempt to cure may be successful by local applications of iodine, with iodoform gauze packing and perfect drainage through the cervix.

The symptomatology is so clear oftentimes that the surgical art supplements the diagnostic, and a complete cure is produced.

IV. Tuberculosis of the Ovaries.

This disease is always secondary. It is diagnosed only when the organs are exposed to view, and may be found in any stage from miliary infiltration to ovarian abscess.

There is but one treatment when the ovary presents the appearance of degenerative change, and that is its amputation. The attempt to save any seemingly healthy part is unwise. The complete removal is justified in all cases.

V. Tuberculosis of the Fallopian Tubes.

About 10 per cent. of all cases of pyosalpinx are tuberculous, while in 1 per cent. of deaths from all natural causes, and in 4 per cent. of cases dying from phthisis, salpingitis is to be found. Tuberculosis of the tubes is bilateral, and is the most common form of tuberculosis of the generative tract. It is found in about 35 per cent. of all cases of tubercular peritonitis in women.

The radical operation is indicated. Complete removal, preferably with least interference with the peritoneum, hence the vaginal route is advised.

VI. Tubercular Peritonitis.

There is no known medical treatment of tuber cular peritonitis. Three varieties are recognized:

(1) The miliary.

(2) The fibrinous or plastic type.

(3) The lymphatic form.

It is possible for the three forms to exist at the same time and in the same case.

In the miliary form the symptoms are exactly those of ascites, the patient having the appearance of perfect health, except mild anæmia.

In the fibrinous and lymphatic types emaciation exists, the appearance is often that of tumor without mobility. At best, however, the symptoms of tubercular peritonitis are not clear, and diagnosis may be arrived at largely by exclusion.

Treatment.

The frequency of the disease, the lack of positive symptoms, and the safety of the measure, the warrant is present in every case to make an exploratory abdominal section.

Result of Surgical Treatment in Curable Cases.

In about 30 per cent. of the cases where the disease is not general, and is limited to a circumscribed area of peritoneum, this same exploratory laparotomy is curative. Where the infection is more general and several foci are recognized but cannot be excised, relapses may recur. A repetition of the operation may prove curative.

The finding of a structurally diseased organ (as described in the condition of the tubes, ovaries, or uterus) warrants amputation and removal. This when accomplished not infrequently results in a cure in what had seemed hitherto a hopeless case. One of the great triumphs of modern gynecic surgery is in the cure of tubercular peritonitis. It consists simply in opening the abdomen, the complete evacuation of the fluid contents, washing with large quantities of normal salt solution, and closure without drainage. The technique is a simple one and productive of wonderful results.

Incurable by Surgery Alone.

(1) In the fibrinous type with matting of the intestines, the technique is to close the abdomen without any attempt to free the adhesions. The fibrous organization of the serous exudate and the very friable nature of the tissues involved make it hazardous to do any manipulation. There are exceptions to this rule, however, and sometimes a cure may result. Such cases, in my experience, are to be followed up immediately after the section is done, and while the patient is still in bed, by the X-ray treatment. One of my most hopeless cases of tubercular peritonitis, where the matting was so extensive that I could not at any point free the peritoneal adhesions, was cured by a continuous and persistent course of raying. Dr. Hunter has furnished me the data in this case, six years after the operation, and the patient enjoys a remarkable degree of health.

(2) Where there is involvement of the subperitoneal tissues, the mesenteric and lymphatic glands a cure by surgery alone cannot be expected. Here again the X-ray is a most valuable adjuvant. Instances of cure in desperate cases have resulted.

(3) Where organs are structurally involved, and where ligatures will not hold, amputations are no more favorable than where cancerous destruction involves, the connective tissue in a similar manner; the case has advanced too far.

VII. The Tuberculous Bladder.

The diagnosis is often to be made by symptoms and confirmed by cystoscopic examination. The treatment is local at first, and consists in washing the bladder once or twice each day with iodine in solutions of 1 to 5000, or even 1 to 30000. Emulsions of iodoform in any bland oil may be injected into the bladder in 10 to 50 per cent. strength. In the miliary type the establishment of a fistulous opening, from the vaginal side, is sometimes attended with the greatest relief, and in some cases is curative. I have three such cases to report.

Post-Operative Treatment.

So far the treatment has been described in cases of tubercular origin only. Leaving out those cases where a mixed infection is known to exist, the after-treatment is to be followed up on the following principles:

I. The Personal Factor.

Some cases will thrive wonderfully by paying attention to constitutional treatment based on idiosyncrasy. To this end homœopathic treatment has ever been efficacious, and will, I expect, continue to be. I am, therefore, committed to remedies following surgical operations. I advocate specific medication for symptoms. Manifestly the names of the remedies cannot be given here, as each case demands its own remedy.

2. The Rest Cure for Tuberculosis Cases.

Gynecic cases particularly need a prolonged rest in bed of weeks or months. The way to get some patients out of bed is to first put them in bed. The temperature chart must show a continuous range daily below 100°. If the patient has a remittent temperature, normal or subnormal, in the morning, and elevated in the afternoon to 101°, such a patient is not fit to be out of bed. When the afternoon temperature reaches 100° but no more, the patient may be allowed to be out of bed, but is to refrain from exercise. When there are days of temperature of 99.5° and no more, exercise may be commenced.

The Pulse.

When the morning pulse rate is 120 plus, the place for the patient is in bed. When the pulse is 100 or less exercise may be begun. Walking is the one exercise preferred.

3. Diet.

Emaciation does not always follow in gynecic cases. A few may have a pseudo-plethora which is deceptive for a while: forced feeding is a good rule to follow. In cases of forced feeding, six to nine meals a day are eaten. I am just as positive that in order to have the assimilative factors do what is needed, the secretory and excretory function must be looked after. The bowel condition must receive daily attention. I do not mean that a cursory inquiry is sufficient, but a daily record of one, two or three bowel movements must be recorded each day. For many months I have been persuaded that the intestinal canal in gynecic cases needs more than the ordinary care, as the mixed infections and the treacherous communis coli exert a very baneful influence. So along with the catharsis (the simpler the better, castor oil being ordinarily the best, then the ox gall tablet, or the nux vomica, or leptandrin, or rhubarb pill). I insist on the intestinal antiseptic or the various digestive compounds. I use these just as I use chemistry elsewhere.

Clothing.

Post-operative cases must be properly dressed at all times to maintain a uniform warmth of the body day and night. The garment next the skin is to be a cotton one, preferably, followed by a woolen one, then the ordinary garments, the woolen garments preferably being of light or medium weight. The same is necessary at night, a cotton gown and then a woolen one. It is not to pile on clothing, but to arrange clothing to maintain uniformly the animal heat.

The open air habit and the sleeping rooms that are well ventilated I hold as essential during the three to six months allowed for convalescence in post-operative cases.

Owing to the ease in many instances of keeping thoroughly cool yet thoroughly comfortable, the danger will be in a return to the excessive artificial heating of both living and sleeping rooms. I am in favor of giving such remedies as Arsenicum iodatum, Strychnia arsenicosa, Phosphorus, Calcarea fluorica, and Kreosotum to my cases.

Therapeutics.

HOMŒOPATHIC THERAPEUTICS OF TUBERCULOSIS.

BY W. A. DEWEY, M. D., ANN ARBOR, MICH.

There has been a time when we have wondered if all medical treatment of all diseases was not to be simplified and reduced to bactericidal methods.

There has been a time when we were inclined to think that perhaps the germ was the cause of all disease, and that nothing else was necessary. Then we doubted the efficacy of homœopathic remedies, or rather as we could not doubt this, for we had seen them do good so many times, we had begun to think that we must look about for something to kill the germ. As we look at this at present we believe that it would be the worst thing in the world for the patient were his germs all killed. We believe that in every case of disease which is nowadays alleged to be of germ origin, that there was some trouble in the patient before the germ was there. He was a sick man before he got the germs. According to the laboratory diagnostician, he may not have had tuberculosis, he may not have had typhoid fever, but he was sick all the same. His next door neighbor who had lived in the same environment for all his lifetime, who had drunk water from the same well, did not have either tuberculosis or typhoid fever. Nor did the wife of his bosom or the mother of his family have these diseases, nor did she contract tuberculosis even though she slept with her husband to the day of his death, and in none too good hygienic surroundings. Her resisting powers were normal, she was well, and though she inhaled, and lived in the midst of the germs, they could obtain no foothold in her system.

We used to think, and we think now, that if the germ theory were literally true as accepted by the bacteriophobists, medicine would soon be an exact science, that all one would have to do would be to seek out the thing that would kill the germ and all would be done. However, now we believe that to do this we would have to kill the patient at the same time, in many instances at least.

It was a further study of Homœopathy that taught us to think otherwise. This science of therapeutics fulfills the requirements of relief and cure better than any and all germicides, for it strikes not only and alone the germ itself, but the soil upon which he thrives. The first principle of Homœopathy is here illustrated, namely, to treat the patient rather than the disease.

In presenting the therapeutics of tuberculosis from the standpoint of the application of homœopathic remedies it is not my intention to give any special indications, for that would be superfluous with this audience, and then, too, there would be little of the practical about it, for it could only be a repetition of what has already been well said in text-books. Perhaps a few points on the homœopathic treatment from practical study and observation may not be amiss.

In the homœopathic treatment of tuberculosis, either general or local, the treating of the individual is of much greater importance than the special symptoms. There are four or five grand remedies which produce, every one of them, the similar symptoms to the tuberculous process as it presents itself to us clinically. Take Phosphorus, Lycopodium, Calcarea, Nitric acid, China, and Sulphur, and you can most likely find any of the symptoms of a given case in the pathogenesis of any one of these remedies.

They all have cough, expectoration, emaciation, hectic, hæmorrhage, exhaustion oppressed breathing; in fact, all the grand pathognomonic symptoms of a clinical tuberculosis. It is right here that many prescribers err in selecting the remedy. It would be bad prescribing to give Sulphur because the patient had a dry cough, skin troubles, eye and ear troubles, oppressed breathing, exhausting perspiration, burning of palms and soles, tightness across chest and a variable mental state, though all these symptoms are in the Sulphur pathogenesis, if the patient presented the typical Calcarea cachexia. We should take into consideration, for instance, whether the patient is of the Sulphur, cachexia with its hot flushes, desire for air, and general uncleanly habits; a Phosphorus patient with his slender build, narrow phthisical thorax and bright hopeful mentality; a Nitric acid patient who is dark haired of a strenuous fibre, with general aggravation from warm weather; a Calcarea patient, light haired, blue-eyed, of an obese temperament and aggravated from damp and cold; a Stannum patient with his weakness and low melancholic mental condition so foreign to the usual tubercular mentality where all is hopeful. Having determined the peculiar cachexia to which your patient corresponds then the rest may be filled in. Then you will have your basic or constitutional remedy, and this is the one from which most may be hoped. Then you can fill in the hiatus, if one exists, with your knowledge of remedies to relieve the local symptoms and conditions as they arise and these remedies will act much better where the psora, and this is a good word, for Hahnemann declared tuberculosis to be psoric in nature, is corrected. Then if you have a high hectic fever you may give your Digitalis, which Baehr claimed to be the most reliable remedy to moderate hectic fever; your Sepia, which Hirschel claimed to stand next to Calcarea in dry, fatiguing, tickling, tracheal coughs, or your Cinchona, that great conservator of the nervous system when the body is depleted by losses, which will contribute to the reparative processes more promptly than any other remedy, provided all these drugs are indicated by their symptoms.

A useful hint may be secured from careful observation of your patients, along these lines, as to the climatological treatment of tuberculosis. We should not send Calcarea patients to damp localities nor to cold climates unless the air be dry, nor Nitric acid patients to warm climates Patients presenting Kali carbonicum temperaments should be sent to warm climates even if they be damp, for dampness does not affect this type to any extent. It is well known that all patients do not do well in Southern California, nor do all improve in the pines of the Adirondacks, nor on the plains of Colorado, nor in the hills of Alabama. I have seen patients travel from one end of California to the other searching vainly for a climate—and they have all kinds there—and finally find one in which they could breathe freely and enjoy fair health within fifty miles of San Francisco. I know of one who not only travelled over California but over the entire world previous to coming to the Pacific Coast, and he is now alive and well, but he can only live in one place or locality. He would have died in Colorado fifteen years ago; he came near doing so as it was when he was there. The aggravations and ameliorations of our remedies are no idle tales, for the purpose of prescribing they are invaluable, and their usefulness may be studied to further advantage by giving climatological hints.

Properly prescribed, homœopathic remedies will not fail to bring about the best results, far better than any other methods that are known; they have stood the test, had they been found wanting they would have gone the way of the Creosote treatment, the sulphurated flatus treatment of Bergeon, the Nuclein treatment of Vaughan, and of all the other passing fads of the last quarter century.

We must not consider any remedy as a specific and to be necessarily prescribed because a diagnosis of tuberculosis has been made. Phosphorus has been styled the "king of phthisical remedies," but we must be able to recognize that while it is perhaps more frequently indicated that some others, in very many cases it will do harm instead of good. It is a remedy that cannot be too carefully selected. Remember that China, Lycopodium, Calcarea, Nitric acid, Sulphur and others have the same generalities if you will interpret the language of the pathogeneses in a general way. We must look for the particulars not the generalities, to get the best results. If we are to give Phosphorus in all cases we might as well give Nuclein, which contains Phosphorus, and to which its benefits, if any, are doubtless due. Sanguinaria, Dr. Holcombe said, had done him more good than any other in pulmonary cases and was considered by older writers as one of the best agents in this disease. Drosera, Dulcamara, Arsenicum, Silicea, and others that are frequently indicated, will do good in cases calling for them.

Then, there are remedies that are rarely called for, but none the less valuable in combatting certain symptoms. We have, for instance, seen excellent results follow the use of Balsam Peru in homœopathic potency in cases of copious, purulent expectoration and Yerba santa in similar cases with asthmatic breathing. Sticta is a fine remedy when the cough is racking and unprofitable. The entire Materia Medica might be gone through and valuable hints culled therefrom.

I would like especially to emphasize Lycopodium in the phthisical cachexia. Few remedies are so valuable in mitigating the cough, the gastric irritation, the exhaustion, the intercurrent attacks of pleurisy as Lycopodium. It is a real vegetable Sulphur, and there is no better remedy for a loose cough in which the patient raises whole mouthfuls at a time. Nor should we overlook Iodine, Ferrum, in fact, any one of our remedies; all have a special field, and all may be used with profit, but first of all get the basic remedy.

Tuberculinum has many advocates. We remember using it twenty-five years ago, five years previous to Koch's discovery of the tubercular germ and with good results in some cases. It was then prepared from dried tuberculous sputum. Dr. Burnett, of London, introduced a preparation consisting of the virus of the disease itself, bacilli, debris, tubercles, etc., which he called Bacillinum. We also have Koch's lymph, which is artificially obtained from colonies of the bacilli in beef jelly. Much has been written on the use of these remedies, many sucesses and failures reported. The indications for their use seem as yet unsatisfactory; perhaps the best and most reliable one is a disposition to take cold easily.

Homœopathic remedies have cured tuberculosis so that it has stayed cured. When properly prescribed they are safer and surer than all other methods. The trouble is, so few of us are able to prescribe them well.

PREVENTION OF TUBERCULOSIS.

BY W. HENRY WILSON, M. D., CHICAGO, ILL.

In dealing with this subject I have confined my attention to the pulmonary form of infection. It is the most frequent, its mode of transmission is best known, and the laws of its prevention have been more completely formulated than for this disease in other locations.

The title of this paper implies much. It implies a complete change of attitude on the part of the profession toward this plague. Twenty-five years ago the outlook for consumptives and their families was looked upon as hopeless. With Koch's unfolding of its parasitic character and Brehmer's demonstration of successful sanatarium treatment the doctrine of predestination gave away to free grace, that is, hope of cure was born for the consumptive and of prevention for the well.

The prevention of tuberculosis calls for two different lines of activities, one directed toward the extermination of the seed, and the other looking to the development of the natural defenses of the human race. The first line of action looks toward peace.

The second is a preparation for war. The first of these lines shall constitute the first division of this paper.

Measures for Examinations of Tubercle Bacilli.

Intelligent warfare upon this ubiquitous parasite calls for a study of—

1. The source of seed supply.
2. The provisions for the safety of the germs while in transit to a new host.
3. The place where tubercular material is most freely distributed.
4. Accessory conditions.

It cannot be said at this time how much importance will be eventually assigned to milk and meat as sources of seed supply, but there can be no dispute that tuberculous sputum is the great and unfailing source of supply. Consumptives are furnishing it in quantities ranging from an ounce to a quart a day. Each drop contains from four to 4,000 germs. New York has about 40,000 consumptives. If the average expectoration is four ounces a day then that city is having a daily supply of about 1,250 gallons of tubercular sputum. This would amount to about 8,700 gallons a day for the United States, equals 1,250 cubic feet, equals room 10x5x5.

Of course, much of this sputum is destroyed by the natural elements, sunshine, water and air. Just how much of it is destroyed is not known. We do know, however, that when they leave the patients these plants are well protected by exudate and tissue fragments, which in the dried state furnish a very complete covering and protection against light and chemicals. There is reason to think that the tubercle bacillus forms spores within the living host.

These spores are much harder than the germ, and are intended for rough usage. They are the equivalent of true seeds and are capable of withstanding adverse conditions for a long time, sputum being the real seed bearing material.

The places of distribution of this organism are the places of sputum distribution. Chapin, in Springfield, Mass.; De Forrest, in New Haven, Conn.; Biggs, in New York, and Flick, in Philadelphia, have traced a large number of cases of tuberculosis to their beginning. They found the consumptives got their infections about as follows:

Occupation of houses with consumptives or which had had consumptive tenants, 60 per cent.; from long-continued association with consumptives, either socially or while at labor, 25 per cent.; from saloons, public halls, churches, schools and public conveyances, 15 per cent. These percentages make the liability to this infection in direct proportion the repetition of exposure and the quantity of material, leaving our predisposition of individuals.

It is hard to fully grasp the diligence with which the ambulatory consumptive distributes his germ laden expectoration.

His sputum falling upon the floor dries into dust and saturates the carpets and rugs, fills up crevices and chinks. Every movement and every sweeping fills the air to the point of saturation. This is breathed by all. Perhaps the child playing upon the floor gets a rather more than liberal supply. At night he contaminates the bed clothes, his sputum laden handkerchief contaminates his own clothes in the daytime. Both of these are usually well dried before being washed so that sorting out in the laundry room means a tubercular atmosphere. His clothes eventually reach the old clothes man and then the rag picker.

His dishes, his knives and spoons, his pencils, and, in fact, everything which touches his mouth receive their supply, for the sputum can hardly leave the lungs without a contamination of the upper respiratory passages. When he goes to the factory, workshop or office the work of distribution continues. The saloon with its inviting saw dust covered floor is a veritable invitation to spit. The street and the sidewalks come in for their share, because he don't like the idea of carrying the offensive stuff in his pocket handkerchief.

Alcoholism, malnutrition, crowding of the population and unsanitary dwellings are the handmaids of this scourge. A few years ago an inspection by the buildings department of New York City showed that 11 per cent. of the rooms in poor dwellings were without windows, and consequently, without ventilation and sunshine, two of the great destroyers of tuberculosis. Such stuffy, sombre and depressing homes could scarcely do otherwise than encourage malnutrition and alcoholism. The warm and animated saloon is attractive in comparison.

I have thus briefly reviewed some of the causative factors in order to formulate definite and effective lines of activity for prevention.

While the burden of prevention falls in some measure upon all people, it must chiefly devolve upon five groups of workers.

1. The family physicians.
2. The patients.
3. State sanitary authorities.
4. City sanitary authorities.
5. United States sanitary authorities.

I have enumerated these in what I conceive to be their proper order from the standpoint of importance. I believe that family physicians have greatly underestimated the importance of their own function in this matter. They have either ignored or neglected their duties, with the result that the various States and city boards have stepped in with a resulting loss of prestige by the profession at large. It is the work of the physician to instruct his consumptive patients sympathetically in methods of sputum disposal which will make them safe members of their households.

This instruction should come as friendly help and not so much a study of tuberculosis. It should come gradually and patiently and persistently. He will act as the director in securing proper sputum receptacles, in methods of disinfection, etc. He should, in a large measure, hold himself responsible for that perfection of detail upon which depends the safety of the other members of the household. These are functions which no health boards can perform. Neither can printed matter perform a similar service. As a matter of fact, printed matter on medical subjects for general distribution is in my opinion a mistake. It leads to confusion to gross errors on the part of the laity, and has inflicted genuine hardship upon this class of patients. Some of the radical actions by sanitary boards coupled with their declamations about the communicability of tuberculosis has put the consumptive before the public in the attitude of a criminal rather than a sufferer.

In this malady the home is the great center of warfare. What the patient may do in the matter of prevention is not always so easily mapped out. Much ingenuity has been expended in the development of proper receptacles for sputum. Cups and bottles of several varieties have been tested. The majority have proved offensive to the patient, difficult to use, difficult to clean and frequently leaky. That some device is necessary seems to be a general opinion. Such a receptacle should possess the following features:

Leakage impossible.

Must be indestructible.

Should require but one hand for its use.

Should fit the pocket snugly and not turn over.

Should be easily cleaned without getting the hands soiled.

Must be easily sterilized.

The patient should be able to use it enclosed in a handkerchief in such a manner as to completely conceal it.

It should be inexpensive.

Such a bottle should receive all sputum, it should be held in a handkerchief before the face in such a manner as to prevent sputum from being scattered while coughing. The contents should finally be sterilized by steam or incineration. I believe chemical sterilization, while better than nothing is bound to mislead, for it is rarely complete.

Public cuspidores have been advised and used in certain sanitoria. They are offensive to the sight, covered by the purulent stringy sputum; they would never be properly disinfected, and would be a source of danger to their handlers and a source of supply for insects. It is a remarkable fact that while no one would think of depositing the discharge from the bowels or from purulent wounds in public places that there is no public sentiment against the discharge of filthy tubercular pus. The patient must learn, and the public, too, that spitting is offensive, filthy and dangerous. For tubercular sputum contains not tubercular germs alone but those which are so frequently associated with sore throats and bronchitis.

The consumptive's eating utensils must be scalded after every use. All of his clothing which has been soiled by his discharged sputum should be boiled before being sent to the laundry. He should kiss no one. If there is any filthier habit among civilized people than kissing on the mouth I don't know of it.

Finally, he must not swallow his own sputum.

What State sanitary authorities may best do has many interpretations. In the majority of States it has been construed to mean nothing. In other States the State boards have undertaken to do what the profession can do very much better, and has left undone those very things which they alone can do.

They should arouse and encourage the profession to train their patients into proper habits, but it should not waste its energies in doing for patients what their family physicians can do better.

There are several things the State can do. It should provide some form of retreat for indigent consumptives who cannot work, and who are unable to provide themselves with sufficient food and other necessities. It should also provide hospitals for the care of homeless consumptives, for vicious cases and for those who habitually refuse to care for their own sputum.

The State should enforce proper anti-consumptive measures in its penal institutions.

It should enforce proper sanitation of hotels, public buildings and railways cars.

Finally, I am in favor of a notification and registration law which entitles the board to ferret and care for all cases not already cared for It would make possible the control of patients who refuse to protect others.

Cities are the great stamping grounds for consumptives. Much that remains to be done must be done by municipalities. Among the measures which seem to me of service I would suggest the following:

The keeping down of dust by universal and persistent sprinkling and flushing of the streets. Sprinkling should not be left to local option but should be all over the city.

The abolition of Macadam pavements. I believe the dust from these streets are peculiarly irritating to the lungs and aid in infection.

Enforce laws against spitting anywhere on a public street. It would do more to educate the public than any other means at our disposal.

It should curb the greed of real estate men to such an extent as to secure flats and houses which get both air and sunshine.

It should provide wide streets and plenty of park space.

It should prohibit the employment of any teacher or public officer who is a consumptive and does not properly care for his sputum.

In the work of the Henry Phipps Institute, at Philadelphia, it was developed that half of the consumptives were foreign born, and that many had progressed to such a stage that they must have been tuberculous when they came to America. Russia furnished the larger number, Ireland came second and Germany third. It would seem as if a more efficient quarantine could be carried out. It is time the medical profession lend a helping hand to the restriction of immigration.

All of the measures herein considered relate to the extermination of the germ. Nothing has been said about making the soil unfavorable. What shall we do for the well to help them fight the infection, which probably offers itself to everyone? We will doubtless very greatly decrease tuberculosis, but I doubt if it can ever be completely exterminated. What may the well do to protect themselves? Very much is being done and has been done in the last few years, and I doubt not that it deserves much credit for the decrease of this scourge. People are living far more out of doors.

There is much greater participation in sports of all kinds. The city parks have done a great work in this direction. The parks in Chicago furnish arrangements for more than a score of games and amusements. These are adapted to the season. We have one acre of park for every twenty families. The treatment of tuberculosis should give us the cue for defenseful exercise of all parts of the lungs, supplying the lungs with fresh air for as much of the time as possible, and finally keeping nutrition to the highest standard.

Electro-Therapeutics.

USE OF X-RAY IN DIAGNOSIS AND TREATMENT OF TUBERCULOSIS.

BY HENRY S. KELLER, M. D., FRANKFORT, KY.

That action and reaction are opposite and equal will not be questioned, but the reaction against loudly heralded discoveries in the field of medicine has buried many a valuable truth in oblivion.

With the discovery of the X-ray came many extravagant claims of its application to and cure of diseases, but fortunately they soon reached a conservative basis, and it to-day occupies a well-defined and useful field in diagnosis, prognosis and treatment.

Of its nature we know but little, but that it is another mode of motion, that it is but another manifestation of vibratory phenomena, we can have no doubt.

If we had a key board of infinite length at one end that we could sound the deep bass, the manifestation of only a few vibrations per second, move on through the highest treble perceptible to the human ear into the higher sounds that can be perceived by the ear of a cat, passing into finer and more frequent vibrations until we produced four hundred and fifty billion vibrations a second, which is luminous heat, and then through the spectrum from red to ultra violet, and so on into the invisible, manifested only to us by causing fluorescence of certain substances, we would reach in this region of infinitesimal vibrations the X-ray, N-ray, etc.

And who will doubt but that they all from crudest sound to imperceptible rays have a direct influence upon the human body. Owing to the fact that Dr. Grubbe, of Chicago, could not be present I was a short while ago asked to prepare a paper on this subject, and I am sorry that I will not be able to give you much personal experience in the diagnosis and treatment of the pulmonary form of tuberculosis, although I have two very interesting cases of other forms of tuberculosis to report.

I have carefully gone over the latest literature on this subject and will endeavor to place before you the authenticated results of ten years' work in this field.

The use of the X-ray gives us the simplest and most reliable means of diagnosis in what is sometimes called the pretubercular stage, and that is the descent of the diaphragm on the affected side. It is restricted and the excursion of the other side is exaggerated early in the disease when ofttimes the symptoms can only justify a suspicion, and it is not for the expert alone to see but it is plainly visible to the beginner.

One point to remember is that the descent is slightly greater on the left side in full inspiration; another is, that the movement would be equal if both sides were equally affected, which is rare in the early stages.

Another point to remember is that pleural effusions, adhesions, etc., will produce the same effect, but the history of the case will usually lead you to discover these before you make your examination.

Now this is not altogether a new means, for in 1901 Dr. Bonnet Leon, of Paris, in the Journal of Tuberculosis, said: "The author presents the results of more than 600 personal observations. Most of the cases were examined from 1897 up to the present time, and have been, as a preliminary, submitted to the auscultation of various of his colleagues. By use of the fluorescent screen alone the diagnoses have been confirmed in 98 cases out of a 100 and very frequently at the very outset of the disease."

It does seem it would be wise to submit every patient between fifteen and thirty years of age to frequent X-ray examinations who are anæmic, losing flesh, suffering with dyspepsia, intercostal pains, or such various suspicious symptoms.

Of the value of the darkening of affected apices I have not been able to assure myself, but there seems to be no question but what the experts in this line are able to perceive the increased density of this part of the lung.

Dr. Grubbe has this to say about the diagnoses by this means: "X-rays offer the only new and comparatively exact diagnostic method yet developed for this trouble. I believe pulmonary tuberculosis can be diagnosed earlier by X-rays than by any other means, and long before other physical signs are grave enough to attract our attention. The X-ray can determine the exact location, character, condition and probable size of lung lesions. Unfortunately only few workers in this field are capable of making very good X-ray examinations, and the impression has gone forth that the diagnosis of so delicate a subject as pulmonary tuberculosis had better be left to other methods. Personally, we have found the X-rays of prime importance, and other methods are used in a secondary manner in forming our diagnosis. This work can be done with the fluoroscope or the radiograph. I prefer the latter, because the sensitive photographic plate sees much more than the eye. The radiograph shows better and more perfect detail of the finer structures of the lung, and it gives us, in addition, a permanent picture for record. In diagnosing advanced cases a fluoroscope of large size, i. e., one which covers both sides of the chest at the same time may be used. Hereby healthy and diseased parts may be seen in juxtaposition. The shadows of diseased parts will appear almost as dense as the shadows of the ribs. The denser the shadows the more serious the case. However, as stated before, the fluoroscopic picture is not comparable in clearness with the radiograph, and if the patient can afford it, I prefer to give my opinion from a radiograph rather than from a fluoroscopic view. Radiographs are always made of cases in the primary stage because here the minutest detail and the slightest difference in the density of the tissues must be pictured. At this stage the fluoroscope would not show enough to allow us to make an accurate diagnosis. Normal lung tissue contains air, and since air offers practically no resistance to the rays, they pass through healthy tissues without casting any shadow. If all parts are normal the spaces between the rigs will be clear and all will present the same appearance except where the heart shadow interferes. The more clear the spaces between the ribs the more free is the lung from disease. In old patients it is important to not confound the shadow cast by a sclerosed bronchial tube for a tubercular formation. The total anatomy of the region must be prominently before us if we wish to be accurate. Cavities containing air usually appear as clean spaces, almost circular, with a ring of denser formation. Cavities containing pus appear as dense circular spaces. In radiographing females the mammary glands sometimes cast a decided shadow; this fact must, of course, be considered before passing an opinion. Consolidations are readily made out because of the greater density in these parts when compared with normal parts. Œdematous regions appear as large, clearly outlined spaces having quite a heavy ring of dense formation. The movements of the diaphragm are also to be observed in the X-ray picture. Even in the prebacillary stage it will be found that the extent of the movement of this muscle is very much lessened This is a very valuable sign to base a diagnosis upon.

A region which is diseased will usually not exhibit much function; therefore the comparative distance between the ribs is of diagnostic value. If respiratory movements are restricted we will find the ribs closer together when compared with more normal parts.

In suggesting that X-rays be used to diagnose pulmonary tuberculosis I do not claim that they are infallible nor that they absolutely supplant all other methods. Even though many times perfect diagnoses can be made with X-rays alone, they are recommended as an aid to other methods.

As to the results from treatment of pulmonary tuberculosis by this means, I can find but little encouragement, but in other forms, such as tuberculo-dermata and affections of the glands and bones, the results have been surprising and decisive.

The following case I reported to the American Electro-Therapeutic and X-ray Era, in 1903:

"The child, a girl aged six years had been under my care since birth; born of parents past forty, with eleven years intervening since previous child.

"There was a marked and persistent anæmia, club nails; teeth were soft and decayed as soon as they appeared; profuse perspiration about the head and neck, often becoming general.

"About four years previous, began to suffer with shifting pains, more particularly in fingers and toes, which would at times become red and swollen. Had an irregular temperature, often as high as 103 degrees. About fifteen months ago, pain appeared and persisted in right knee, soon followed by night cries; later, by obliteration of one of the gluteal folds and flattening. Fixation of the joint was soon rejected on account of the complaints of child, and the parents determined to try other measures. An abscess soon developed and opened about juncture of upper and middle third of thigh. This continued to discharge pus for five months, when I began the exposures to the Roentgen rays, July 1, 1902.

"She received an exposure at ten inches over joint and course of sinus from a medium low tube of from seven to ten minutes, every other day. The tissues exposed became a very dark brown, and remained so. The discharge became markedly less after three exposures, but continued for two weeks to discharge a small quantity the next morning after exposure. There has never been any reaction except the pigmentation.

"During the whole period of the treatment, the family, yielding to the child's demands, allowed her to ride a tricycle, using the good leg for propulsion, walk with and without crutches, and numerous other things detrimental to her recovery.

"The result here was a comparatively sound joint with only one-half inch of shortening; the foot, which had been everted to nearly a right angle was carried normal."

The child died a year and a half afterward of whooping cough.

The other case might be headed, "Wanted, a Diagnosis," but as Hodgkins's disease is considered tubercular by many good authorities, it is not out of place in this paper

"H. F., a male, age 26, a dentist, came to me in March, 1904, for treatment with the X-ray. For two months previous the cervical, parotid and submaxillary glands had been enlarging until on the right side they bulged outward further than the ear, not quite so bad on the left. The enlargement extended nearly to the base of the neck. During the treatment a gland under the right arm became enlarged and he complained a good deal of pain in splenic region, although that may have been due to suggestion, as I was repeatedly examining for an enlargement of the spleen.

"His case had been diagnosed both Hodgkins's disease and tubercular glands by able men, and he had had various lines of treatment.

"When he came into my hands he had an evening temperature of 102 degrees, a hacking cough, night sweats, irregular chills, loss of appetite and a steadily decreasing weight, but an examination of the lungs was negative. After ten days, receiving a treatment every other day, a diminution of the swelling was noticeable, and all the symptoms changed for the better, until in a little over a year he was accepted for insurance by a special examiner for a company who had previously rejected him. He is to-day a perfect specimen of health."

A negro woman brought her boy, 8 years old, saying he had consumption. She gave a history of his having a cough for several years, total loss of voice and occasional spitting of blood.

As he was an emaciated subject, I didn't waste any time in getting a complete history or making a physical examination, but put him before the X-ray; about the time I had about despaired of finding any abnormal condition, the old negro woman said, "I used to think his cough was from a safety pin that he swallowed when he was about two years old." I immediately looked at the larynx and there, with the open end up and the point sticking in the cricoid, was the cause of his trouble.

Here is a radiograph, and also the pin, which was removed by Dr. Coon, of this city after it had been in the larynx for six years.

The boy is now about the healthiest and happiest little negro in Kentucky.

Climatology.

THE RESULT OF THE ADIRONDACK CLIMATE AND THE RESULTS SECURED IN OUTDOOR AND SANITARIUM TREATMENT.

BY J. HENRY HALLOCK, M. D., SARANAC LAKE, N. Y.

It is with pleasure that I comply with Dr. Smith's request for a paper upon the above subject, and though "there is nothing new under the sun" and it seems doubly true of the threadbare subject of tuberculosis, yet located as we are at Saranac Lake, where hundreds of patients are under observation at all times during the year, a few ideas gained from such experience may be of interest to some less favorably situated to study the disease.

This climate is, perhaps, no better than that of other mountain countries, but that a moderately high, well drained forest covered mountain region offers advantages that cannot be secured in an ordinary district is too obvious to need discussion. Add to this a location like Saranac Lake, which has complete drainage, a good elevation and is entirely surrounded by many miles of forests and mountain peaks which fill the air with ozone, break the wind and moderate the force of all storms, and you have not only a summer resort but an all the year round resort, good in summer and even better in winter.

If there is one thing experience has taught me well, it is this, that the patient must choose a climate where he can stay both winter and summer, and not one very pleasant in summer or one very fine in winter, with the expectation of going elsewhere as soon as the weather changes.

Why so many of these patients do badly after what promises in the beginning to be a most perfect cure, I cannot explain; I only know it to be a fact.

An elevated mountain climate is very stimulating to the appetite, the cutaneous functions and the nervous system. It also increases the red blood corpuscles. Wolff claims that a complete revolution in the construction of the blood takes place every eight or ten days in the proper altitudes. Be this as it may, the air is clear and sterile, devoid of dust and acts as a general tonic. Prof. G. Cornet, of Berlin, in his elegant work on tuberculosis, gives a list of the factors necessary for a good health resort, every one of which Saranac Lake possesses. He further says: "The so-called summer or winter resorts which are characterized only by the beauty of their situation are usually unsuited for consumptives.

"By good luck results are occasionally beneficial. The advantages of these summer places are their nearness, cheapness and the absence of other consumptives. Modern travelling facilities have shortened distance, and the slight saving does not compensate for the diminished chance of recovery. It is also an error to believe that the chance of infection is any smaller since other patients will resort thither for the same reasons.

"The difference from a health resort lies in the neglect of precautionary means against infection, hygienic arrangements, drainage, protection from wind, etc. And often there is no physician near at hand who is experienced with these cases."

The methods used in the outdoor treatment of consumptives, I am sure, are familiar to every practicing physician. The results obtained, perhaps, could be best illustrated by giving a case, and I, for this purpose, will choose one of recent date.

Mr. M., sent me by Dr. J. D. Zwetch, of Gowanda, N. Y. Patient was 19 years of age, from healthy German parents. He contracted pneumonia during the winter of 1904, which left him with a cough from which he could not get relief. A few weeks before starting for the Adirondacks he had an attack of pleurisy with effusion. Dr. Zwetch had punctured a couple of times drawing off considerable fluid. When he came to me, March 1, 1905, he was twenty pounds under his normal weight; was coughing hard, and expectorating a large cupful of characteristic tubercular sputa daily, which contained tubercular bacilli His temperature was running from 101° to 103½°, and his pulse was usually over one hundred. Examination showed solidification at the apex and over middle portion of upper lobe of left lung and pleuritic effusion which extended in the auxillary line from the fourth to the eighth rib.

He was placed in a private cottage where he could be kept under careful supervision. He was instructed regarding his clothing, expectoration, diet, ventilation of room, exercise (which was forbidden until temperature should become normal), and told to remain out of doors as many hours daily as he could without fatigue, and when too tired to spend one hour in his room on his bed with all windows opened.

He was given a generous and nutritious diet without over-crowding. For remedies he received one dose of Bacillinum and three doses a day of Arsenicum iodatum. This, of course, was changed from time to time as his digestion and other symptoms demanded, and with this I used a ——— vibrator. He began to gain after the first week, could eat and assimilate more, which produced a steady gain in weight. His cough and expectoration gradually decreased and his temperature and pulse began to drop. He has now been under my care seven months, his cough and expectoration have decreased two-thirds. His temperature is rarely above normal. He has gained 18 pounds in weight. The consolidations have nearly all cleared up. The effusion, which was the last symptom to improve, is now rapidly disappearing, reaching only up to the sixth rib.

And while this case is only an ordinary one and is not yet well, it shows what may be accomplished with the outdoor treatment, and should he do as other cases have done, he will become entirely well.

I had a case from near Boston who returned home last month. Apparently well after a three months' stay here, but this was an exceptional case, came in the first stage, and made more than ordinary progress.

The sanitarium treatment I need not dwell upon, as others at this meeting will give their methods. Surely it is the ideal treatment in many ways, especially in immature and unformed characters, which can be more easily advised and controlled, but there are not sanitariums enough so as to have an ideal sanitarium for all of the people. Those existing at present accept mostly those who are able to pay but a small amount to partly pay their board. These are only taken for a limited time, and only those in the early stages are accepted. Many physicians send their patients to the sanitariums not realizing what constitutes the first stages of the disease.

In the July Chironian, Dr. Pryor, who was at the head of the State Sanitarium here, was quoted as saying that during his term of office nine hundred (900) applications were made to the institution, and out of this number only one hundred and eighty-three were accepted.

From a report of the Cottage Sanitarium, which was the first institution in this section, it was reported that only 15 per cent. of those applying were found to be in the first stage of the disease, and there was not room for all applying in the first stage.

This shows the little chances cases, as ordinarily sent, have of gaining admission. Whereas, there should be sanitariums enough to accommodate all stages; not, but what the patients can and are treated in private cottages quite as successfully, but those who need it most are those without means who are in the second or beginning of the third stage, who have some chance of again becoming a bread winner, if, under proper treatment, but who, from lack of means or lack of charity, must remain at their unsanitary and poorly ventilated homes until the end. Think of the menace such a case is to the public health. They work as long as possible, exposing all the other' workmen. When unable to work they visit among their relations and friends, and possibly infect their homes, and after they become confined to the house or bed, neighbors take the part of nurse, and I have known cases where such contracted the disease.

But I see the light beginning to dawn, and from every State comes the cry for more institutions. Better instruction of patients and more care among physicians regarding an early diagnosis.

Many large and instructive meetings, like the one you are now holding, devoting an entire session to tuberculosis, means something.

Last April I had the honor to be appointed by the American Institute of Homœopathy as delegate to the American Anti-Tuberculosis League held at Atlanta, Georgia. A most enthusiastic meeting was held lasting for three days, and the quality of the papers and the men who took part are positive evidence that the South means to be well in the lead in ridding the nation of this, the "Great White Plague."

SPECIAL ADVANTAGES AND RESULTS OF SOUTHERN CLIMATIC AND SANITARIUM TREATMENT OF TUBERCULOSIS.

BY A. M. DUFFIELD, M. D., CITRONELLE, ALA.

As the sunny Southland is famous for its beautiful women, so it is blessed by nature with a beautiful climate, to which, I might add, much of said womanly comeliness must be largely attributed.

The advantages and results of Southern climatic and sanitarium treatment in tuberculosis are so many and so manifest that it would be useless to try to crowd them into the few minutes allowed for the reading of this paper, so I shall recite briefly some of the more salient points and dwell more particularly on them.

In the first place there are many health resorts in the South which are really sanitaria by nature, like Asheville, N. C.; Aiken, S. C.; Thomasville, Ga.; the tablelands of Eastern Tennessee and Kentucky, and many other points in all these sections, as well as Florida, Alabama, Texas and the other Gulf States. These locations have been known for many years as resorts for the treatment and cure of tuberculosis, particularly those which are located on the tablelands in the long leaf, yellow pine region.

It seems as if words of commendation were superfluous in setting forth its points of superiority when the living results all about us speak so plainly for themselves.

What would Florida be to-day if it had not been built up from the reputation it acquired by curing consumptives? And yet there are resorts of much easier access to the Middle States which offer superior results, and the results are what we are after.

Of these points I will call attention to one in particular which I have been personally watching for nearly a score of years, and when compared with others, seems to deserve the credit of having the most tangible reasons why it should be selected in preference for tuberculosis cases.

I refer to Citronelle, Alabama, a place having had for one-half a century a great local reputation for the cure of hæmorrhagic phthisis, but of which little has been known to the general public until recently.

It is now growing quite rapidly, and its reputation seems assured for all time to come.

The population, of over a thousand, is now largely made up of very healthy appearing people, who represent nearly every State. Many originally went there for supposedly incurable respiratory or nervous affections, and after having recovered, decided to make it their home permanently.

These people are now some of the most useful and leading citizens of the town. Many of their friends, who were well and strong, have also located there on account of the equable climate and pleasant surroundings, thus escaping the unpleasant extremes of both winter and summer. During the past two summers it has not exceeded 98 degrees in the shade.

The following is the meteorological record at Citronelle, Ala., from October, 1903, to November, 1904, kindly furnished by Dr. J. G. Michael, voluntary observer of weather bureau at Citronelle, who is also general manager of the Hygiene Hotel:

Month.	Monthly Mean.	Highest Temp.	Lowest Temp.	Rainfall.	Clear Days.	Partly Cloudy Days.	Cloudy Days.
Oct., 1903, . . .	68.5	92	38	1.09	20	9	2
Nov., “ . . .	57	82	24	1.73	24	5	1
Dec., “ . . .	48.8	67	23	5.28	21	3	7
Jan., 1904, . . .	49	70	24	4.58	20	6	5
Feb., “ . . .	56.7	81	44	3.46	17	3	9
March, “ . . .	64.2	82	32	3.19	23	4	4
April, “ . . .	65	84	38	2.09	24	6	0
May, “ . . .	72.1	90	52	5.09	26	2	3
June, “ . . .	79.3	95	64	1.98	19	11	0
July, “ . . .	78.7	95	64	4.99	12	11	8
Aug., “ . . .	79.6	95	66	7.60	11	14	6
Sept., “ . . .	79.9	98	64	4.82	20	6	4
Oct., “ . . .	70.4	95	46	2.03	27	4	0

J. G. Michael, M. D.,
Citronelle, Ala.

From the earliest times the Indians were attracted there by the purity and healing qualities of the air and water, and brought their sick, not only from the neighboring tribes, but from long distances, to be healed.

From this course Citronelle received its name, which literally translated means "I heal."

The first thing noticeable on alighting from the cars is immediate desire to take a deep breath, the result being so satisfying and the purity of the atmosphere so noticeable that nearly every one mentions it.

The next thing is the beautiful scenery and genial reception by the residents, who always try to make it pleasant for strangers.

When new arrivals drink of the water of Citronelle they immediately remark concerning its purity, and they are right, for the analyses of the various springs shows the least amounts of mineral matter of any ever examined in the United States.

The following are some of the analyses:

A sample taken from a well in Citronelle and sent to Prof. Arthur W. Palmer, of the chair of chemistry of the State University of Illinois, shows the following analysis:

Sodium nitrate, $\mathrm{Na\ No_3}$	.28 gr.	per gal.
Sodium chloride, $\mathrm{Na\ Cl}$	.26 gr.	per gal.
Magnesium chloride, $\mathrm{Mg\ Cl_2}$	.04 gr.	per gal.
Calcium chloride, $\mathrm{Ca\ Cl_2}$	.34 gr.	per gal.
Calcium sulphate, $\mathrm{Ca\ So_4}$	.13 gr.	per gal.
Iron carbonate, $\mathrm{Fe\ Co_3}$	.03 gr.	per gal.
Alumnia, $\mathrm{Al_2\ O_3}$	.02 gr.	per gal.
Silica, $\mathrm{Si\ O_2}$	.34 gr.	per gal.
Total mineral matter	1.44 gr.	per gal.

In other words, it analyzed 99.99968 per cent. pure.

In commenting upon this, Prof. Palmer stated that it was far the purest of over 9,000 samples they had analyzed.

Analysis of water from Middleton Springs, Citronelle, Ala., by R. S. Hodges, analyst, University, Alabama:

Silica	0.0179	gms. per liter.
Sulphur trioxide	0.0018	“ “
Chlorine	0.0035	“ “
Iron	0.0126	“ “
Aluminum	0.0008	“ “
Calcium	0.0030	“ “
Magnesium	0.0011	“ “
Potassium	0.0009	“ “
Sodium	0.0040	“ “

Not alone in the purity of its water supply is Citronelle fortunate, for it has mineral springs of great medicinal value, as the following analysis will show:

University of Illinois, Feb. 18, 1903.

Mr. W. F. Brown, Citronelle, Ala.

Dear Sir: We have just completed the mineral analysis of the sample of water which you sent to us some time ago. It is No. 10840 of our laboratory series, and the mineral constituents contained in the water and the quantities of the same are as follows:

Potassium nitrate, $\mathrm{K\ NO_3}$	.04 gr.	per U. S. gal.
Potassium chloride, $\mathrm{K\ Cl}$	.09 “	“
Sodium chloride, $\mathrm{Na\ Cl}$	.26 “	“
Sodium sulphate, $\mathrm{Na_2\ SO_4}$	.11 “	“
Magnesium sulphate, $\mathrm{Mg\ SO_4}$	.01 “	“
Magnesium carb., $\mathrm{Mg\ CO_3}$	09 “	“
Calcium carbonate, $\mathrm{Ca\ CO_3}$	.09 “	“
Iron carbonate, $\mathrm{Fe\ CO_3}$	.5 “	“
Alumina, $\mathrm{Al_2\ O_3}$	.09 “	“
Silica, $\mathrm{Si\ O_2}$	.23 “	“
Total mineral matters	1.51 gr.	per U. S. gal.

The water is remarkably free from mineral matters, and is, therefore, extremely soft. Most of the mineral ingredients are such as are contained in all ordinary waters, though usually in much greater quantities. The carbonate of iron is the only constituent which in this case is present in considerable amount, and the quantity is such as to impart to the water marked tonic and medical properties. The water belongs to the class which is known as chalybeate waters. Any competent physician will be able to give you a statement regarding its effects upon the animal economy. I should think the water would be of distinct value as a mineral water, but this is told best by experience in its actual use.

Yours very sincerely,
Arthur W. Palmer,
Professor in Chemistry.

This water received the highest award at the Louisiana Purchase Exposition in 1904.

It is a common saying that those who drink of these waters are sure to return to drink again at some future time, and it really seems as if this were true in a majority of cases.

I have seen many cases after having failed to receive benefit at the most noted of the Eastern and Western resorts, recover entirely after a sojourn in the Southern climate. Many who have entirely repudiated medical treatment have recovered from climatic influences alone.

Mobile, which is considered as the healthiest city on the Gulf Coast, and situated only thirty-two miles south from Citronelle, with an altitude of only six feet, has an entirely different climate, owing to its nearness to the sea coast and to the difference in altitude, its humidity being much greater than the latter place, which is three hundred and sixty feet higher, and consequently much drier. Its altitude would seem but trifling in many parts of the country located further from the coast, but as Citronelle is the highest place at the same distance from it between Mexico and Massachusetts, its climate is influenced thereby.

Citronelle is also the highest point on the line of the M. & O. Railroad between Mobile and Cairo, Illinois, and receives the benefit of pure air, loaded with ozone, which is usually experienced at a much higher altitude, and is a great vantage point in favor of invalids, especially those who cannot stand a much higher elevation. The sea air from the gulf, only sixty-five miles distant, is wafted through the pines, depriving it of its moisture and charging with ozone by its friction against their resinous bodies and pine needles, so that it is full of life and vigor and freed from germ life.

To me this is the most plausible explanation of this remarkably healthy climate.

It would appear an ideal place for open air treatment, which I have been testing for some time, and so far am very much pleased with the results which promise to far exceed the fine record already made under ordinary modes of living there.

This country has a clay sub-soil, and is quickly drained from rain fall, so that walking without wetting the feet is possible shortly after a shower. This plateau is remarkably free from malaria and its pernicious influences.

Patients suffering from insomnia and neurasthenia are soon benefited after arrival, and find sweet, refreshing, natural sleep.

The distance from Citronelle, Ala., to Chicago is 825 miles; to St. Louis, 614; Cincinnati, 736; Detroit, 998; New York, 1,142; Boston, 1,374; Des Moines, 955; Kansas City, 835; Omaha, 1,027, and Denver, 1,468 miles.

Guests visiting Citronelle have the advantage of local and long distance telephone, telegraph, National bank, good markets, etc. No change of cars from St. Louis, twenty-two hours distance, and a limited through train from Chicago will soon be established with about the same schedule.

Sea coast elevation means health. Note the comparison carefully.

Citronelle	366	feet.
Galveston, Tex.	3	"
New Orleans, La.	6	"
Baton Rouge, La.	33	"
Biloxi, Miss.	19	"
Pass Christian, Miss.	8	"
Bay St. Louis, Miss.	28	"
Mobile, Ala.	6	"
Pensacola, Fla.	30	"
Tallahassee, Fla.	193	"
Miami, Fla.	No record.	
St. Augustine, Fla.	10	feet.
Jacksonville, Fla.	24	"
Brunswick, Ga.	14	"
Charleston, S. C.	15	"
Wilmington, N. C.	33	"
Dover, Del.	40	"
Baltimore, Md.	9 to 63	"
Philadelphia, Pa.	7 to 51	"
New York City	15 to 52	"
Providence, R. I.	11	"

The above elevations were furnished by the U. S Department of Agriculture.

In conclusion, I sincerely recommend that this climate be thoroughly tested by our profession before sending patients to more distant resorts that are so difficult of access and so expensive to reach.

Societies.

SOUTHERN HOMŒOPATHIC ASSOCIATION TUBERCULOSIS CONGRESS.

The twenty-second session of the Southern Homœopathic Association in Louisville, on October 23d and 24th, is one that will always be prominent in the history of that organization, first, in the widespread interest it excited; second, in its unique program, which was devoted exclusively to consideration of the disease tuberculosis, and third, in the unprecedented large attendance and public interest it brought forth.

Dr. Orrin L. Smith, of Lexington, occupied the president's chair, and it is to his energy that the success of the meeting is due, for it was a successful meeting viewed from any point.

One of the special features was a public session in which addresses specially prepared for the lay listener were presented. A large audience of Louisville people attended and enjoyed the same.

As the Society honored the Medical Century by selecting it as the medium in which to publish the papers of this session, and as this issue is largely given up to that purpose, we will omit giving the regular program. The papers will speak for themselves.

The election of officers resulted in the election of Dr. E. Stillman Bailey, of Chicago, President, and Dr. H. C. Clendenin, Louisville, Secretary.

The session closed with a banquet at the Galt House, with Dr. C. E. Walton, of Cincinnati, as toastmaster. Toasts were responded to by Drs. F. C. Askensted, H. V. Halbert, W. A. Dewey, G. F. Adams, A. L. Monroe, and others.

Among the States represented at this session by members or visitors were Kentucky, Mississippi, Alabama, Arkansas, Missouri, Maryland, Illinois, Ohio, Indiana, Michigan, Wisconsin, and New York.

THE EXHIBITS.

(Under charge of Dr. F. C. Askenstedt, Louisville, Ky.)

The exhibit began with an examination of sputum after the method of Zicht-Nielsen.

(After this Dr. W. H. Wilson, of Chicago, showed the Tallquist test for hæmoglobin.)

Various stethoscopes, phonendoscopes, plexors, pleximeters, stethometers, sputum cups, etc., were exhibited, and their uses and relative advantages indicated.

The clinical exhibit consisted of the following patients, which had shown tubercular bacilli in the sputum:

A woman presenting consolidation of entire upper lobe of left side, with cavity at second rib, eliciting Gerhardt's symptom. Her heart was somewhat displaced to the left by the contraction of the lung, and the liver was enlarged from fatty infiltration. (No perceptible enlargement of the spleen, no casts in urine.)

A negro with consolidation of left apex and marked lagging of inspiration in this region. Dullness of entire lower portion of left lung, with but slight impairment of vesicular murmur and vocal resonance. (Thickened pleura from a former pleurisy.) Depression of supra and infraclavicular regions of side, opposite the affected lung, was pointed out as an unusual feature. Hypertrophy of heart and mitral regurgitation.

A negro showing an earlier stage of infiltration of right apex, with fine rales.

A man, 50 years of age, with phthisis of right lung, arteriosclerosis and myocarditis.

UNION CLINICAL SOCIETY.

The Union Clinical Society met in Sexaner's Hall, Sidney, O., Friday, November 10th, at 7:30 P. M. The meeting was opened with a banquet given in honor of Prof. Willis A. Dewey, of Ann Arbor, Mich., who was the invited guest of the Society and the essayist of the evening. After the punch was passed and the cigars lighted, Dr. H. E. Beebe, toastmaster of the evening, introduced W. M. Crozer, Mayor-elect of Sidney, who welcomed the guests to our beautiful city, with many a rhetorical flourish. Dr. C. E. Sawyer, of Marion, Ohio, happily responded, and gave a brief description of this association, its members and its purposes. Prof. Willis A. Dewey then read a very interesting paper on Bichromate of Potash, describing its effects on the workmen in the potash factories of France. The symptoms were all given in narrative form, reminding one of Hempel's Materia Medica, so similar was it to the simple story-like narration of this author. There was no recital of unconnected, meaningless symptoms as hard to recollect as a multiplication table, but we saw, instead, standing before us, a workman, clothed in the garb of an artisan, with a perforated nasal septum, trying to free his naso-pharyngeal mucous membrane of a tough, stringy, tenacious mucus, which clung to a chronically inflamed mucous surface. We heard him complain to his fellow workmen of rheumatic pains in his legs, and we heard them tell him tales of nausea and distress in the stomach. The Doctor carried his auditors like a novelist carries his readers, whither he led, and impressed the symptoms of Kali bichromicum where they can never be effaced. The paper was freely discussed, and at its conclusion all repaired to the Commercial club rooms until the departing trains and cars carried the members, one by one, to their respective homes. Those present were Willis A. Dewey, Ann Arbor, Mich.; C. E. Sawyer, Marion, O.; Walter N. Boyer, Lima; Harry B. Faulder, Wapakoneta; W. C. Hance, De Graff; Joseph B. Barker, Fletcher; J. W. Means and Walcott, Troy; A. S. Rosenberger, Covington; Loy, of Tippecanoe; C. R. Coffeen and Clark Hetherington, Piqua; H. E. Beebe, J. A. Ferree, F. D. Anderson, B. S. Hunt, S. G. Goode, Hobbe, Reddish, Mayor Crozer, and A. B. C. Hitchcock, Sidney; W. S. Bailey, Chicago.

A. W. Reddish.

The Library.

BOOK REVIEWS.

The Practice of Medicine.

By H. V. Halbert, M. D., Senior Professor of Clinical Medicine in Hahnemann College, Ccicago; Attending Physician to Cook County Hospital, Chicago. Octavo, pp. 1,110. Chicago: the P. H. Mallen Co., 1905.

This we regard as a most important publication in the homœopathic school. It is a book devoid almost entirely of theory; it is in reality a treatise on practice, written by one who has for many years been most actively engaged in general work, and yet whose training has been of such recent date as to insure for him an acquaintance with the latest methods in examination, diagnosis and treatment. Moreover, the author is built of the kind of material which makes him fearless in the promulgation of what he believes and has found to be right in the treatment of disease rather than what he thinks would please. This last remark we feel necessary, because in our examination of the book we have found a number of suggestions which cannot fail to meet the disapprobation of many practitioners of the homœopathic school. Few, of the latter, we imagine, would endorse the use of Guiacol as an antiseptic, five minims rubbed into the groin for one-half hour, when the afternoon temperature in typhoid fever is at the highest. Still the author has used it, does use it, and, finding it good, advises it. Nor are trional, chloralamid, sulfonal and chloretone or morphia, in quarter grain doses, used frequently by them, but that is no reason why Dr. Halbert should not have the right to say that he has found their use at times beneficial.

It is Dr. Halbert's book from cover to cover.

To the prospective purchaser we would say, "Read the chapter on typhoid fever, and if you don't buy we miss our guess." Forty pages is none too much to devote to this very important disease, and the subject is handled in a way that is engrossing and very instructive. It is certain to be of the greatest value in aiding the reader to gain a complete knowledge of the development, course, diagnosis and prognosis of the disease.

The general arrangement of the book includes discussion, first, of infectious diseases, under which head he includes fevers in general, dysentery, tuberculosis, the various eruptive diseases, syphilis, etc., etc. He classes rheumatism and myositis with several other diseases as probable infectious diseases. Then he considers constitutional diseases and diseases of the glands. Following these are diseases of the respiratory system, of the heart and blood vessels, of the digestive system, of the nervous system; finally, concluding his book with a consideration of diseases due to animal parasites.

To the homœopathic physician the treatment advised is of the most interest. As we have intimated, we do not entirely concur in his suggestions. We find an occasional one which has been discarded even by the old school. We believe that the average homœopathic physician does not find it necessary to depart so frequently from the use of what might be called straight homœopathic treatment as the author does. Still if we would live up to the Institute definition that a homœopathic physician not only knows and practices acording to the similia, but knows everything else, Dr. Halbert cannot be censured for teaching us accordingly. He handles homœopathic therapeutics in a way which shows an understanding born of study and success. In a clear, emphatic way he tells what remedies to prescribe for given conditions, and his suggestions here cannot fail to be helpful. It must be emphatically impressed on the student that the homœopathic treatment suggested is the curative treatment, and that all other treatment suggested is simply and only adjuvant and emergency treatment.

Saunders' Medical Hand-Atlases. Atlas and Epitome of Bacteriology.

A text-book of Special Bacteriologic Diagnosis. By Professor Dr. K. B. Lehmann, Director of the Hygienic Institute in Wurzburg, and R. O. Neumann, Dr. Phil. and Med. Assistant in the Hygienic Institute in Wurzburg. From the second enlarged and revised German edition. Edited by George H. Weaver, M. D., Assistant Professor of Pathology, Rush Medical College, Chicago. In two volumes. Part I., consisting of 632 colored figures on 69 lithographic plates. Part II., consisting of 511 pages of text, illustrated. Philadelphia and London: W. B. Saunders & Co., 1901. Cloth, $5.00, net.

This work supplies a long-needed want in the field of bacteriology and bacteriologic diagnosis, and proves a most valuable addition to Saunders's Series of Hand-Atlases. The lithographic plates are accurate representations of the conditions as actually seen. As an aid in original investigation the value of the work is inestimable.

The text is divided into a general and a special part. The former furnishes a survery of the properties of bacteria, together with the causes of disease, disposition, and immunity. The special part gives, so far as possible in a natural botanical arrangement, a complete description of the important varieties. The causes of diphtheria and tuberculosis, together with the related varieties, have been given especial attention.

Most praiseworthy is the reformative tendency in regard to the grouping of varieties of bacteria, the strict division of the system especially, the rational naming of the bacteria, etc. The system of nomenclature is entirely original with the authors, and is deserving of the greatest commendation, particularly that of the fisson-fungi, which has been handled in a most masterly manner.

As a text-book of bacteriology and bacteriologic diagnosis it is all that could be desired.

Neurotic Disorders of Childhood.

Including a Study of Auto and Intestinal Intoxications, Chronic Anæmia, Fever, Eclampsia, Epilepsy, Migraine, Chorea, Hysteria, Asthma, etc. By B. K. Rachford, M. D., Professor of Diseases of Children, Medical College of Ohio, University of Cincinnati; Pædiatrist to the Cincinnati Good Samaritan and Jewish Hospitals; Member of American Pædiatric Society, Associate of American Physicians, etc.

It is a well known fact that infants and children are especially predisposed to serious and complicated nervous disorders, and that this class of diseases has been very little understood by the general practitioner, and has, in fact, not been a matter of special study by neurologists. Here these various neuroses are most ably considered by this eminent specialist.

Part I. of this book contains revisions of papers previously published in "Archives of Pædiatrics" with the addition of chapters on "Gastro-intestinal Toxæmia," "Auto-Intoxication" and "Chronic Systemic Bacterial Toxæmias."

Part II. deals with the individual neuroses. Here a careful study of the many neurotic disorders of childhood has been attempted, and an endeavor made to so present the etiology, symptomatology and treatment of these diseases that the student of medicine and the general practitioner will not only be able to better comprehend these common and little understood diseases, but will also be able to apply successful lines of treatment.

International Clinics.

Vol. III. Fifteenth series. J. B. Lippencott Company, 1905.

Good, like its predecessors. The articles being of high class and practical.

Medical Century.

A Monthly Journal of Homœopathic Medicine and Surgery.

WILLIS A. DEWEY, M. D., ... **Editor.**

J. RICHEY HORNER, A. M., M. D. **Current Medical Literature.**

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Subscription, Two Dollars Per Annum.

DECEMBER 1, 1905.

Editorial.

THE SOUTHERN TUBERCULOSIS CONGRESS.

The meeting of the Southern Homœopathic Association which this year was given over to a Tuberculosis Congress, was in every way a success. The Medical Century, was, as is known, in a way the successor of the Southern Journal of Homœopathy, and it is with pleasure that we accede to the official request of the Association and publish the papers presented before the Congress. More especially as these were of an unusual high order, and as they deal with a topic that is prominent on the medical tapis at present.

In this issue we present the more important papers, and regret that our space does not permit the publication of all of them. Not all on the program were presented, but those that were written and not presented we hope to present in our next issue, as well as some that were crowded out. We are pleased, indeed, to chronicle the great success of this meeting. There has been some talk in the recent past of discontinuing this meeting, and we have also noted that there has been one objection to the continuance of the Missouri Valley Homœopathic Association. We do not believe that the cause of Homœopathy is advanced by giving up of a single one of our societies, but by strengthening them. This is especially true of the Southern Association, for in several of the Southern States there is no homœopathic State society, the Southern Association filling the want, until our numbers shall have increased so that every Southern State shall have a State society of its own. Even, then. the Southern Homœopathic Association should keep up its existence, for sections of the country like the South, and also the Missouri Valley, have interests in common, and these can be best conserved and propagated by sectional meetings attended by physicians from the several States in each section. However, we believe that after the great success of this last meeting in Louisville there will be heard few, if any, dissenting voices for a continuance of the Association. Let us not take any steps toward disorganization. The pendulum has commenced to swing the other way, and organization is and should be the watchword.

END OF VOLUME XIII.

This issue of the Medical Century concludes the thirteenth volume, and we wish to express our thanks to our contributors for their warm support during the year. They have enabled us to present to our readers a varied menu, and we believe that we can truly state that the articles presented have been of an unusually high order. Doubtless some have been displeased because of the preponderance of articles on Homœopathy, its propagation and its Materia Medica. Some would have preferred more surgical articles, some more obstetrical articles, and so on throughout the medical field. We console ourselves with the fact that never before in the history of the Medical Century has there been a year with so few discontinuances and so large an accession of new subscribers; this evidences a popularity that is growing. We hope to present a better selection the coming year; and so we wish all our friends the compliments of the season.

EDITORIAL BREVITIES.

The Moving Picture in Clinical Teaching.

Some very interesting work has been going on at Craig Colony for Epileptics (N. Y.), under the supervision of Dr. W. G. Chase, of Boston, who recently spent a month there taking moving pictures of epileptics during the progress oftheir attacks. The work has been entirely successful, and the results were presented to the National Association for the Study of Epilepsy in New York, November 29th.

Another worker along the same line suggests the adoption of the plan in the colleges, and shows how very readily it could be done. He says that the management of a case of labor from the first visible presentation to the delivery of the placenta could be shown on the screen; rare complications in child-birth could be studied by the entire class instead of by only one or two as at present. Then, too, surgical operations could be demonstrated, fractures dressed, dislocations reduced. Clinical teaching would be made almost complete if this plan could be followed out, for the operation or actions being once on the negative, as many positives as needed could be reproduced, and couldn't get away or die, one or other of which is the history of most of our interesting clinical patients.

The plan would work a revolution in laboratory study, particularly in that part of the work which to-day requires vivisection, for once the experiment done and photographed, there would be required no more sacrifice of life. It really seems a feasible plan, and should command attention from our university teachers. H.

Another Good One Gone Wrong.

And that may refer to either the man or the medicine.

At the Tuberculosis Congress held last summer in Paris, Prof. von Behring exploited another sure cure for tuberculosis, and if we remember rightly he claimed the right to hold particulars for himself; in fact, he was to have it copyrighted or patented, or whatever was necessary to make sure that he would benefit pecuniarily. At any rate, it was new, and it was strictly original with himself, he said, and so it went on record.

The Medical Record for October 28th contains a long letter from Dr. Karl von Ruck, of Asheville, N. C., in which he quite severely takes to task the German professor, claiming priority of discovery by about eight years.

He claims that he presented the cure (?) to the medical world in 1897, and that his method of preparation is identical with that of the professor. It "consists in so preparing tubercle bacilli that the immunizing curative substance contained in them is available for absorption by the living tissues." The doctor then gives in detail his method, comparing it with that of the professor, and certainly shows that there is a striking similarity between the two; not only that, but he says that he told the professor all about it nearly four years ago, and says the professor must have a remarkable lapse of memory to have forgotten all about it.

So much for the doctor and his grievance. As regards his treatment, he has had it in use at his sanitarium at Asheville, where he claims to have had a record of about sixty per cent. of cases in which the disease has been brought to a lasting arrest. This he thinks is due to "the blood serum of the patient taking on antibacterial properties and a high power of agglutination for living tubercle bacillus."

Whether or not this is so will be proven by later developments. Meantime we presume the doctor will proceed with his experiments, and we hope that in the end some good may come of it all. H.

Editor's Table.

GENERAL NOTES.

The Provers' Table at the Homœopathic Hospital of the University of Michigan is probably the first establishment of the kind ever made by a college, if by any organization. It is appreciated that supervision of the diet, while provings are being made is very essential. In order that the Department of Drug Pathogenesy, under the care of the newly elected instructor, Dr. Burrett, may have complete control of the matter, the Regents have provided a special table at the hospital, at the university's expense, for the students who may be engaged in proving. Of course, the table is furnished free of charge to the provers. The requirement of the table and food will be entirely under control. The number of provers testing at a time must necessarily be small, but the rules will be the more rigid and the examinations and reports more thorough. It is the intention to change the testers from time to time; but the table will be a fixture and always have occupants. The first thorough work in proving commenced November 20th.

A formal contract is made between the provers and the department for a definite time. Each party to the proving enters into written agreement to abide by the necessary rules and requirements.

The Mississippi Valley Homœopathic Medical Society elected the following officers at its recent meeting in Watertown, Iowa; President, Dr. H. E. Hoefle, of Davenport, Ia.; Vice-President, Dr. H. W. Wilson, of Rock Island, Ill.; Secretary and Treasurer, Dr. R. E. Peck, of Davenport, Ia.

We have received a handsome little booklet, entitled Training School Talks, by Edwin H. Walcott, M. D., of Rochester, N. Y. It comprises the Doctor's talks for a number of years before the training school of the Rochester Homœopathic Hospital, and furnished instructive and entertaining reading.

Dr. C. E. Fisher, former editor of the "Medical Century," has our sympathies in the loss of his father, who died last month at his home in Kansas, at the age of 82.

The Southern California Homœopathic Medical Society passed resolutions at its last meeting commending Collier's Weekly and the Ladies' Home Journal in their war against the patent medicine traffic.

Dr. Oscar Le Seure, of Detroit, has gone abroad for the winter.

Dr. W. B. Carpenter removed his office to 102 Buttles avenue, Columbus, Ohio. Dr. Carpenter pays special attention to the treatment of mental and nervous diseases.

Dr. James Searson has removed his office to 64 Seymour street, Portman Square, London, W.

The New Jersey State Society held a successful semi-annual meeting at Atlantic City in October.

Brother Bartlett, of the Hahnemannian Monthly, shows the "doings of a small mind" in calling attention to the report of the obituary editor of the Journal of the American Medical Association. In this report the statement that the deceased was an alumnus of a homœopathic college is usually avoided. Editor Bartlett would probably find another mine of small mind work were he to take the Pennsylvania list of Polk's Medical Directory, and see the homœopathic physicians of that State listed with an R. Polk can figure out a diminution in our ranks at any time.

Behring has discovered a new remedy for tuberculosis; Bergeon discovered one twenty years ago, but it went up in the air. What's the matter of finding a remedy for the patient?

Friends of Homœopathy will rejoice in the reelection of Mayor Schmitz, of San Francisco. He has done much, not for Homœopathy, but in the cause of fair representation of our school in city and county institutions.

The Southern Homœopathic Association sent messages of sympathy to Dr. Lizzie Gray Gutherz, of St. Louis; Dr. J. H. Henry, of Montgomery, Alabama, and Dr. J. E. Mann, of Liberal, Kansas, who have been stricken in the harness with ill health.

Someone asked at the Louisville meeting, "Who is that gentleman of angelic mien over there?" And what do you think? It was Halbert!

The reflectoscope exhibition, by Dr. W. Henry Wilson, of Chicago, was one of the interesting features of the meeting.

Dr. Edward A. Everett has resigned his position of second assistant physician on the Middletown State Hospital, and has located in Elmira, New York.

The Burlington railroad has issued an interesting folder on "Colorado as a Winter Resort." It is worth sending for, even the illustrations look invigorating.

The invitation to attend the banquet given in honor of Professor Senn, in Chicago, last month, was extended to the homœopathic profession.

Dr. A. W. Calloway, of Asheville, North Carolina, believes in hygiene and homœopathic remedies. These, with Asheville's fine climate and the doctor as the adviser, should bring the famous Southern resort into a front rank as a sanatorium for tuberculosis.

A chest clinic was the feature of the November meeting of the Chicago Homœopathic Medical Society. Dr. H. V. Halbert, of the medical staff of Cook County Hospital, presided.

The December meeting of the Cincinnati Homœopathic Lyceum will be held on the 13th. Papers to be read are Dermoid Cysts, by Dr. C. E. Walton, and Hip-Joint Disease, by Dr. James A. Davis.

We have received a handsome booklet from the Nordrach Ranch in Colorado. Dr. J. E. White is proprietor, and it looks as if he made his patrons happy and well.

Dr. Burleigh Parkhurst has left Los Angeles, Cal., and has settled in Amherst, Mass., for practice.

The initiation banquet of the Kappa Chapter of the Phi Alpha Gamma fraternity was held in Ann Arbor, Mich., on November 3d. Nine neophytes rode the special goat prepared for the occasion.

We regret to note the death, October 22d, of Dr. R. J. Cummer, of Cleveland, Ohio, who succumbed to typhoid fever. Dr. Cummer had been practicing in Cleveland for a number of years, and had built up for himself a very lucrative practice. He was associated with the Cleveland Homœopathic Medical College, having held the professorship of pædiatrics. He was also visiting physician to the Cleveland Homœopathic Hospital. Dr. Cummer leaves a wife and family. His son is in the junior year of his medical course.

Dr. H. Primm has removed from Cleveland, O., to Leetonia, O.

Dr. Frank M. Rumsey, of Conneautville, Pa., was married, October 18th, to Miss Mary M. Perkins, of the same place. Congratulations.

Dr. Edward R. Gregg, Pittsburg, Pa., announces that he will devote himself hereafter, exclusively, to surgery and gynæcology.

Dr. B. F. Gamber announces the establishment of a pathological laboratory at the southwest corner of State and Erie streets, Chicago, Ill.

Dr. E. A. Everett, late second assistant physician to the Middletown (N. Y.) State Homœopathic Hospital for the Insane, announces the establishment at Elmira, N. Y., of a home where he will receive for personal treatment a limited number of selected cases of nervous and mild mental diseases. Dr. Everett is competent to do most thorough work, and we know he will be successful.

The Cleveland Homœopathic Medical Society held its regular monthly meeting November 15th in the auditorium of the college building. President W. H. Phillips presided, and presented a good program. Dr. O. A. Palmer took for his subject "Syphilis of the Nervous System." His very excellent paper was discussed by Drs. H. H. Baxter, L. E. Siemon, and J. Richey Horner, Dr. L. E. Siemon discussed "Constitutional Treatment of Syphilis" in a thoroughly practical way. Dr. C. J. Damon, of Medina, O., read a good paper on "Gonorrhœal Systemic Infections." Drs. O. A. Palmer, H. F. Staples, and H. F. Biggar took part in the discussion. The meeting was in every way a success.

The December meeting will be a "Homœopathy" meeting. A number of prominent men from outside the city have signified their intention of being present, and it is expected that the beauties and splendors of homœopathic treatment will be fully exploited.

CHICAGO NOTES.

BY C. A. HARKNESS, M. D., CHICAGO, ILL.

Dr. E. H. Pratt and wife, and Dr. T. E. Costain and wife have returned from a trip through Minnesota and Wisconsin.

Dr. W. W. Irving, of Milwaukee, was in the city recently on his way to the Pacific Coast. He has sold his practice in Milwaukee and contemplates locating some place in the West.

The Phi Alpha Gamma fraternity gave an informal dance at the Hampden Hall on Wednesday, November 1st. Only members of the fraternity and candidates for membership with their lady friends were present. A most enjoyable evening was spent by all.

Dr. G. M. La Salle, of Wabash, Ind., has been in Chicago for several weeks taking special work in the clinics at Hahnemann.

Dr. Kahlke, Halbert and Cobb represented Chicago and Hahnemann College at the medical meeting held in Omaha in October.

Dr. Alfred Lewy has moved his office to suite 1121 Schiller building. His hours are 11 to 1.

Dr. A. L. Van Dyne has located at 602 West 59th street. His hours there are 8 to 10 A. M., and 6-7:30 P. M.

The many friends of Dr. Vere V. Hunt, who formerly resided in Chicago, and was well known here, will be interested in learning that he is now practicing at Blackwell, Okla., and that he has almost entirely recovered his health there.

Dr. E. H. Cooper, who was associated with Dr. Burton Haseltine, has left Chicago, and is located in Grand Rapids, Mich.

Since the publication of the Hahnemann catalogue quite a number of additions to the faculty have been made. Among these are Dr. R. H. Street, who has left the Post-Graduate College, where he was adjunct professor of diseases of the nose and throat, to accept a similar position at Hahnemann. Dr. Frank Wieland, who was with Hering for so many years, is now over at Hahnemann, and is giving a very interesting and instructive course in theory and practice. Dr. Paul Hullhorst is lecturing on Materia Medica.

Dr. C. C. Collier has moved his office in South Chicago from the Nickerson building, and is in the same office as Dr. A. L. Blackwood. He is also assisting Dr. Burton Haseltine.

The establishing of an official journal by the Illinois Homœopathic Medical Association is being considered. A card vote is being taken, and out of 200 replies received so far only one person has voted against it. The journal will be furnished free to all members of the Association, and will contain the news of the State, the transactions of the Society and the papers read at the meeting.

Never has the Chicago Homœopathic Society been in so flourishing a condition as this year. The first meeting in October at the Northwestern building was well attended. The speakers of the evening were Drs. Weirick, Hobson, Wieland, Collins and Spaulding. The address of the evening was by Dr. Spaulding, who gave a practical talk on the prevention of contagion and the methods used by the city health department, with which he is connected. The November meeting was held in the amphitheatre of the Cook County Hospital, where a medical clinic was given by Drs. Halbert, Hood, McDonald, Cushing and Judd. Many cases were presented, and all present were given an opportunity to examine them. These are but two of the treats which the Homœopaths in this city are going to have this winter. Noted men from other cities have already signified their intention to be present and address future meetings.

Dr. C. A. Goodwin, who was formerly an interne in Cook County Hospital, is now assistant superintendent in the Western Illinois Hospital for the Insane at Watertown.

The annual reception of the Phi Alpha Gamma fraternity was a house warming this year, they having secured a new home at 2960 Groveland avenue. The fraternity has never been so comfortably situated as this year. The reception was a most pleasant affair, and was well attended. A musical program was given by some of Chicago's prominent artists. Light refreshments were served.

Dr. Ida B. Peffer, of Middlefield, Ohio, is in Chicago taking special work in electro-therapeutics at the Illinois Electro-Therapeutic College and in obstetrics at Hahnemann.

The Ustion fraternity have taken a new home at 3242 Lake Park avenue, and were at home to the faculty of Hahnemann and friends of the fraternity on Wednesday evening, November 8th. A most excellent musicale furnished the entertainment for the evening. Among those appearing on the program were some of the best known musicians in this city. Light refreshments were served. The new "frat" house is a beauty, and the members of the chapter may well be proud of it.

Dr. Frank Henderson, of Secor, Ill., has been in the city lately doing some special work on the eye and ear.

The meeting of the National Clinical Research Society closed in this city with a banquet given in honor of Dr. Nicholas Senn. "Pathy" was forgotten and all schools of medicine united in thus honoring this great man, who is recognized throughout the world as one of the greatest surgeons ever known. The Illinois Homœopathic Association was represented by Dr. Burton Haseltine, the Clinical Society of Hahnemann College by Dr. G. F. Shears, and the Chicago Homœopathic Society by Dr. Kahlke. Among the Homœopaths who attended were Drs. Swan, Chislett, Fitzpatrick, Gilman and Cushing. Such a gathering has never been known in Chicago, and may it not be the beginning of the time when our old school brethren will recognize the good in the law of similars. A handsome loving cup was presented to Dr. Senn.

WASHINGTON NOTES.

BY J. H. BRANSON, M. D., WASHINGTON, D. C.

The November meeting of the Medical Society was held on the 7th instant at the Shoreham Hotel. Dr. J. B. G. Custis and Dr. Wm. Rufus King were elected delegates to the Interstate Committee of the American Institute of Homœopathy for the ensuing year.

The paper of the evening on Tic douloureux, by Dr. Charles A. Davis, and the discussion of the same by John R. Sharp, provoked a great deal of comment on the part of the members present.

Dr. George E. Lewis spoke of an attack of facial neuralgia which he had suffered himself, which was almost equal to one of tic douloreux. Dr. Swartwout mentioned the use of the galvanic current in these cases. Dr. Gilbert, Dr. Rautenberg and Dr. Baker spoke of a number of remedies which had proven useful in their hands, Colocynth. Spigelia and Arsenicum being prominently mentioned. Dr. Swormstedt spoke of Cedron, which had proven useful in some cases for him. Dr. J. B. G. Custis mentioned Natrum arsenicum and Sepia.

The annual meeting which is devoted to papers and discussions of the same, will be held on the evenings of December 8th and 9th; the first evening will be given to papers presented by members of the Society; the second evening to papers by visiting physicians, Dr. Vandenberg, of New York, being one of the number.

Dr. A. H. Taylor is quite ill with an attacks of typhoid fever, this being the second attack within two years.

Dr. Marvin Custis has also been on the sick list, but is at work again.

ROCHESTER ITEMS.

BY WM. PERRIN, M. D., ROCHESTER, N. Y.

There has been formed in this city an organization known as the Rochester Clinical Club. The membership is limited to fifteen, and is derived from the younger members of the homœopathic school.

This Club meets during the fall and winter once a month at the homes of the different members, and after listening to the reading of a medical paper or the discussion of interesting cases, etc., it is customary to adjourn to the dining room, where the remainder of the time is spent in satisfying the inner man.

The Club has for its president Dr. Thomas Parsons; Vice-President, Dr. Llewellyn J. Sanders; Secretary and Treasurer, Dr. H. G. Shepard, and Clinical Director, Dr. David B. Jewett. Aside from the above the following men are members: Dr. W. W. Winans, Dr. Warren C. Daly, Dr. L. L. Button, Dr. E. B. Cook, Dr. Frank T. Bascom, and Dr. William Perrin.

The regular fall meeting of the Western N. Y. Homœopathic Medical Society was held Friday, October 13, 1905, in the city. The entire Society and their wives were the guests of Doctor and Mrs. J. M. Lee. During the afternoon the medical meeting was held in the Lake avenue Baptist church, where the following papers were read and discussed:

I. Vibratory Massage, Dr. P. W. Neefus, Rochester, N. Y. Discussion by E. J. Bissell, Rochester, N. Y.

II. The "Finsen Light" in America, W. W. Johnson, Rochester, N. Y.

III Some Thoughts in Relation to Divorce. Gaylord L. Pettit, Lockport. Discussion by J. W Le Seur, Batavia.

IV. Hygiene, W. S. Rambo, Rochester. Discussion by the Rev. Paul Moore, Strayer, by invitation.

V. Menstruation, Ovulation and Pregnancy Following Removal of Both Ovaries, Dewitt G. Wilcox, Buffalo. Discussion by Edwin H. Wolcott, Rochester, N. Y.

After this most interesting session the Society adjourned to the home of Dr. Lee, where an elaborate dinner was served to all present.

The evening was spent in listening to a very fine musical entertainment provided by Dr. and Mrs. J. M. Lee.

OBITUARY.

Dr. U. A. Shorretts.

Colorado Springs. Hahnemann Medical College, Philadelphia, 1883.

Dr. Charles A. Gwynn

Died at his home in Auburn, New York, last month.

BOOK REVIEWS.

A Treatise on Diagnostic Methods of Examination.

By Prof. Dr. H. Sahli, of Bern. Edited, with additions, by Francis P. Kinnicutt, M. D., Professor of Clinical Medicine, Columbia University, N. Y., and Nath'l Bowditch Potter, M. D., Visiting Physician to the City Hospital and to the French Hospital, and Consulting Physician to the Manhattan State Hospital, N. Y. Philadelphia and London: W. B. Saunders & Company, 1905. Octavo of 1,008 pages, profusely illustrated. Cloth, $6.50, net; half morocco, $7.50, net.

We have been anxiously awaiting the publication of Dr. Sahli's great work in English. Its immediate success in Germany will certainly be repeated in this country, and the English-speaking profession owes to Messrs. W. B. Saunders & Company a debt of gratitude for their enterprise. Not only does the distinguished professor exhaustively consider all methods of examination for the purpose of diagnosis, but the explanations of clinical phenomena are given and discussed from physiologic as well as pathologic points of view, and with a thoroughness never before attempted in any clinical work. The examinations of the stomach, sputum fæces, urine and blood are exhaustively treated. There is an article from the pen of Dr. Theodore C. Janeway giving a brief review of the investigations of American and English observers upon the value of the clinical estimation of blood pressure with a description of some newly devised instruments. Some of the new features in the chapter on urine examination are: Seliwanow's reaction for levulose Bial's test for pentoses, and quantitative determination of urochrome after Klemperer. Osmotic pressure and cryoscopy of the urine are also discussed at length, and a description is given of Liebermann and Posner's method of staining urinary pigments. In the chemical examination much attention is directed to describing methods, and this is done so exactly that it is possible for the clinician to work according to these directions. The nervous system has been very elaborately detailed, giving unusual space to electrical examination. Indeed, the American edition of this great work contains all the material of the new fourth German edition, with which it simultaneously appeared. Many new illustrations have been added by the editors. The work is indispensable to the practitioner.

Coakley's Laryngology.

A Manual of Diseases of the Nose and Throat. By Cornelius G. Coakley, A. M.. M. D., Professor of Laryngology in the University and Bellevue Hospital Medical College; Laryngologist to Columbus Hospital, etc., New York. New (3d) edition, revised and enlarged. In one 12mo volume of 594 pages, with 118 engravings and 5 colored plates. Cloth, $2.75, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

The call for three editions in six years shows that this work is firmly planted in the esteem of the profession. It is a widely prescribed text-book, it answers the need of general practitioners who do throat work, and it is a valuable reference manual for specialists. The author has made a very judicious selection of knowledge from the vast range of laryngological lore. He insists on the importance of thorough diagnosis, and furnishes sufficient guidance in all its steps up to and including the final settlement of any doubts by means of microscopic and bacteriological tests. A departure of obvious value has been made in dealing with treatment. From among the multiplicity of medicinal and operative measures the author has chosen those which in his experience have proved the best and has given full details for the benefit of those who have not had the advantage of personal and clinical instruction. The revision for this new edition has been very thorough, bringing the book fully to date in all departments. For convenience a special chapter has been added on Therapeutics, wherein will be found a classification of drugs according to their local actions, and a number of useful prescriptions, together with indications for their employment. References to these additional remedies have been indicated in the index under the treatment of each disease. The excellent series of illustrations has been revised and enriched on a parity with the improvements in the text.

A Manual of Chemistry.

By W. Simon, Ph. D., M. D. Eighth edition. Lea Brothers & Co., New York and Philadelphia, 1905.

This edition was delayed somewhat to incorporate in it the changes and additions of the new U. S. Pharmacopœia. Besides this, the work has been thoroughly revised. It seems to us to be the very best work on medical chemistry that we have in the English language. It is well printed, illustrated by plates, showing the color of differnet salts, which makes it a valuable aid to laboratory work. Its acceptance as a text-book in nearly all colleges evidences its practicability and worth.

Disorders of Metabolism and Nutrition.

By Carl von Noorden. Part VII. Diabetes Mellitus. New York: E. B. Treat & Co.

This volume consists of the lectures delivered in the University and Bellevue Medical College on Diabetes, and it makes a thorough going treatise on this disease, and is a worthy companion volume to those that have preceded it.

A Manual of Diseases of the Nose and Throat.

By Cornelius A. Coakley, A. M., M. D., of the University and Bellevue Hospital Medical College. Third edition. Lea Bros. & Co., New York and Philadelphia, 1905.

This edition has been carefully revised and made to conform to advances in diagnosis and treatment, and it makes what it was intended to make, a compact manual answering the needs of the student and practitioner. The chapter on Therapeutics will most interest the homœopathic physician. He will find that beyond cleansing and antiseptic applications there is nothing in old school therapeutics, and he will thank his stars that he has something better in his armamentarium. The book is a good one.

Dayton's Epitome of the Practice of Medicine.

A Manual for Students and Practitiners. By Hughes Dayton, M. D, Principal to the Class in Medicine, New York Hospital, Out-Patient Department; Clinical Assistant in Medicine, Vanderbilt, Clinic, College of Physicians and Surgeons, Columbia University. In one 12mo volume of 324 pages. Cloth, $1.00, net. Lea Brothers & Co., Publishers, Philadelphia and New York, 1905.

Without pretending to usurp the field of the larger treatises the series of Epitomes, of which the above named is the most recently issued, has proven to be exceedingly useful to the student as a means of refreshing his recollection in regard to essentials.

The new volume is a wonderfully comprehensive little manual, giving under each named disease—definition, etiology, pathology, symptoms, complications, diagnosis, prognosis and treatment. It is especially worthy of remark that treatment is not merely suggested, but the doses of the indicated drugs are invariably given, together with the special symptoms, which call for a change from routine therapeusis. The subject of immunity has been succinctly treated with the assistance of Dr. T. Mitchell Prudden.

There is an astonishing amount of accurate information in these pages.

nternational Clinics.

Volume II., fifteenth series. J. B. Lippencott Co.

This volume, like its predecessors, contains an unusual number of good articles on various medical subjects, one of the best of which is devoted to the treatment of pulmonary hæmorrhage by adrenalin chloride.

A Refinement of Asepsis.

Is to use at least two scalpels for every operation. The first one is used to incise the skin and is then laid aside, while the dissection is made with a fresh knife. In this way there is less danger of carrying bacteria from the skin into the wound, and the point is not without importance in many operations, such as those on the joints in which the most rigid asepsis is essential. If a tumor of the breast, for instance, is incised for diagnostic purposes and malignancy is suspected, the operation should always to be continued with a clean knife.—Medical Record.

The Active Treatment of Muscular Rheumatism.

B. B. Cates emphasizes the necessity in this malady of quickening the circulation, opening up freely all the excretory channels, and eliminating all waste material. He finds that nearly all patients with muscular rheumatism have torpid livers, heavily coated, furred tongues, offensive breaths, constipation, and frequently headaches; in other words, they often show the classic signs of a condition we are wont to term "biliousness." Moreover, chronic rheumatics are often heavy eaters. They eat fast, chew their food improperly, are sluggish in thought and action, and complain much of indigestion. Treatment calls for proper muscular exercise, preferably on rising, cold tubbing and brisk rubbing. Sufficient time must be spent in masticating the food, and the first step to insure this is to see that the teeth are in good condition. Special directions are given by the author as to exercise. He declares that a rigid adherence to the rules he lays down will not only cure the most obstinate cause of muscular rheumatism, but will develop the muscles, bring back the bright eye, banish indigestion and constipation, give elasticity to the step, and soon your patient, unless he has his daily exercise and cold plunge, will feel uneasy all day long.—Medical Record.

Open Air Treatment of Addison's Disease.

Bryom Bramwell gives the history of a patient who is suffering from Addison's disease. He had been ill for eighteen months. There was a good covering of fat, although the patient had lost in weight. This loss evidently had to do with muscle and not with fat. There was extreme asthenia. There was some degree of anæmia. The hemoglobin equaled 70 per cent. There was considerable excess of lymphocyties (40 per cent.), which was suggestive of a tuberculosis lesion. There was deep pigmentation of the skin of the parts which had been exposed to the air. There was some pain in the back over the region of the suprarenal capsules, but there was no tenderness on pressure in the lumbar region. After the patient had been in the hospital for three weeks, it was decided to try the effect of open air treatment. Although the weather was most inclement and cold, the patient stood the exposure well. He did not complain of the cold and felt quite comfortable. At the same time, suprarenal extract, five grains, three times daily, was administered. Improvement was remarkable. The patient, after his discharge, came for inspection from time to time, and declared that he felt well. Eight monhs after his discharge from the hospital, he returned to work (he was a ship steward) without asking permission of the physician. In three months he complained of great weakness and inability to work. The next day he was better, but in two days he was dead. The final attack and death seemed to be due to rapidly developed asthenia and failure of the heart's action, perhaps the result of autointoxication. There was no post-mortem examination. Bramwell emphasizes the fact that the life of a patient with Addison's disease, even when marked improvement takes place, is an extremely precarious one. This is due to the abolished function of the suprarenal glands. Such patients, even if they have apparently recovered, should lead inactive lives, as anything likely to depress the heart's action may be attended with great danger.—Medical Record.

One-Day Pneumonias.

Bechtold enumerates a large number of reports from the literature, which show that pneumonia of one day's duration is not as rare as might be supposed. In the medical clinic at Wurzburg, however, of 1,057 pneumonias observed during the years 1887-1905, only, ten were of the one-day variety. These ten cases had in common the initial chill, high temperature, and crisis usually with sweating, but they showed great disparity in the remaining symptoms, which, in some cases, were very slight or even entirely absent. The disease began with the usual evidences of an infectious disease—headache, vomiting, etc., and usually with piercing pain at the site of the lesion. The percussion note was found very variable, ranging from normal to pronounced dullness, and on auscultation crepitant rales were oftenest heard. Bronchial breathing was detected only twice. In two cases pleuritic frictions were heard later on, showing that the inflammatory process had reached the surface of the lung. Bronchophony was elicited in four cases. Leube considers that this sign is an earlier and more reliable evidence of beginning infiltration than bronchial breathing. The sputum was not very characteristic, only once was it rusty, and in another case it was blood-streaked. The question of whether the pneumonia runs through the usual stages in twenty-four hours, or whether it ceases to develop at a certain stage, is undecided, as owing to the benign nature of the sickness, anatomical observations have not yet been made. In many instances, no doubt, increased powers of resistance on the part of the patient determines the abortive nature of the infection; but in four of the author's cases he believes that the prompt crisis was due to decreased virulence of the organisms.

The Sanatorium for Tuberculous Patients and Its Medical and Social Mission.

S. A. Knopf decrys the silly ideas which have crept into the minds of many people regarding possible dangers from the proximity of tuberculosis sanitoria, and shows that they do good, not only to the patients housed in them, but also have a beneficial effect on the sanitation of surrounding communities. Residence in such an institution teaches the patients how to care for themselves, and they become, when they return to their own families, missionaries of good hygiene. Moreover, the modern institution does much for its patients in the line of educational benefits—as lectures, schools for children, music classes, etc. The sanatorium movement gave the impulse to the antituberculosis movement, through which the rich have come closer to the poor, the educated closer to the uneducated, while the kind-hearted have roused the interest of the indifferent. All have united their efforts to combat a common foe.—N. Y. Med. Jour.

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